

**STICKS AND STONES:**  
**DOMESTIC VIOLENCE IN FAMILY LAW**  
**AND ITS DEVELOPMENTAL IMPACT**  
**ON CHILDREN**  
**BY**  
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## **Pictures In the Book**

The pictures at the outset of each section is of my daughter and granddaughter. It illustrates the secure parent's warmth of emotion and delight in the presence of his or her children. Secure mothers and fathers also bring to their children active involvement, protection, and age-appropriate expectations of competence (Baumrind, 1967, 1971, 2013).

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## **DEDICATION**

I dedicate this book to my fellow Family Law professionals (Judges, Lawyers, Research Attorneys, Legal Support Staff, Court Clerks, Child Custody Recommending Counselors, Mediators, LMFTs, and Psychologists) in Riverside and San Bernardino County Family Law Courts. Your tireless and often thankless work makes our society a better place to live, and helps secure an optimistic future for our children.

# **Children Learn What They Live**

If children live with criticism, they learn to condemn.  
If children live with hostility, they learn to fight.  
If children live with fear, they learn to be apprehensive.  
If children live with pity, they learn to feel sorry for themselves.  
If children live with ridicule, they learn to feel shy.  
If children live with jealousy, they learn to feel envy.  
If children live with shame, they learn to feel guilty.  
If children live with encouragement, they learn confidence.  
If children live with tolerance, they learn patience.  
If children live with praise, they learn appreciation.  
If children live with acceptance, they learn to love.  
If children live with approval, they learn to like themselves.  
If children live with recognition, they learn it is good to have a goal.  
If children live with sharing, they learn generosity.  
If children live with honesty, they learn truthfulness.  
If children live with fairness, they learn justice.  
If children live with kindness and consideration, they learn respect.  
If children live with security, they learn to have faith in themselves and in those about them.  
If children live with friendliness, they learn the world is a nice place in which to live.

# Table of Contents

<b>INTRODUCTION</b>	<b>9</b>
<b>PART I – Domestic Violence: Definitions and Typology</b>	<b>13</b>
Defining Domestic Violence in the Family Law Setting	14
Intimate Partner Violence Versus Domestic Violence	17
Defining Domestic Violence in California	18
Judicial Discretion and Common Sense, Due Process, and	
Credibility of the Family Law Courts	23
Three Types of Batterers, and a Little History	25
Type I: Antisocial Instrumental Batterers	31
Type I Batterers and Psychological Reactance	32
Family Law’s “Friendly Parent Statute” and	
Type I Batterers	33
Case Study #1: Type I Batterer (With Children)	34
Case Study #2: Type I Batterer (Without Children)	37
Type II: Borderline Dysphoric/Impulsive Batterers	41
Case Study #1: Emotionally Charged Jealousy	44
Case Study #2: Emotionally Charged Shame	45
Type III: Family Only, Situational Batterers	46
Drugs, Alcohol, Trauma Histories, and DV	47

Conclusion to Part I	50
<b>PART II – How to Make a Batterer: Etiologies of Abuse</b>	<b>53</b>
Etiology of Abusive Personalities	54
A Developmental Understanding of Batterer Personality	54
Trauma Dysregulates Brain Function	57
Abuse, Personality, and Attachment Theory	61
The Cycle of Violence and Batterer Typology	66
Type I: Generally Violent, Antisocial and Narcissistic Batterers	68
Hostility in the Home Mediates the Development of Type I Batterers	73
Type II: Borderline Dysphorics	76
Type II: Pit Bulls and Passive-Aggressive Dependents	79
Type III: Situational Family-Only Batterers	81
Attachment Insecurity and Type III Batterers	82
Conclusion to Part II	83
<b>PART III: Effects of Domestic Violence on Child Development</b>	<b>85</b>
An Introduction to Developmental Psychopathology	86
The ACE Studies, and a Paradigm Shift from Disease as Infection to Disease as Developmental Process	86

Evolutionary Metatheory	87
Developmental Processes Occur Along an Expectable Course	89
Objection: I Know People Who Were Exposed to DV in Childhood and They're Just Fine	96
Continuity and Change in Development	97
Lifespan Epigenetic Psychosocial Development	99
Internal Working Models and the Adult Attachment Interview	100
<b>PART IV: Effects of Domestic Violence on Children, and Some Treatment Recommendations</b>	103
Severe Childhood Exposure to DV, and Adult Disability	104
Effects of DV on the Infant	106
Effects of DV on the Young Child	115
DV in the Home While Children are Present	116
The Path to Psychopathy	118
Impact of DV on a Preschooler's Mental Wellbeing	124
Learned Helplessness	127
Attachment to the Perpetrator	131
Coercive Control	133
Effects of DV on the School-Aged Child	135

Media Portraits of Boys to Men	136
Peer Relations, Self-Image, and Verbal Abuse	138
Adolescence and DV	141
The Observing Ego, Metacognition, and Secure Attachment	142
Socialization, Competence, and Parenting Style	149
Coaches and Mentors	152
<b>CONCLUSION</b>	153
<b>REFERENCES</b>	155



# INTRODUCTION

I wrote this book for fellow lawyers, judges, social workers, and mental health practitioners who work with couples and families affected by domestic violence. With it, I hope to foster a deeper understanding of the developmental process that results in domestic violence, in order to break the tragic cycle through prevention and rehabilitation.

One of the most important ideas I've discovered in the two-year process of researching and writing this book involves the impact of experience upon human perception. From birth, early and ongoing experiences create our beliefs, perceptions, and internal working models of self, others, and the world. Once established, these internal models predispose us to have experiences consistent with our expectations—our minds automatically and effortlessly seek and find the expected patterns. Whether functional or maladaptive, these childhood beliefs remain unchanged until they are actively engaged and modified through new experience.

Recognizing how our early experiences thus impact our perceptions, I personally gained a deeper insight into my own struggles to find balance between

work, family, and recreation. Working with my therapist, I recently became more conscious of the childhood antecedents that had created beliefs and expectations contributing to my tendency to work excessively, to the impoverishment of my family life and personally satisfying recreational pursuits. As I discovered to my relief, once recognized and brought into the light such early childhood patterns can then be intentionally modified to allow for growth and change.

Until I understood that very young children protest separation from their caregivers in various non-verbal ways, I couldn't fathom why otherwise intelligent and capable adults behaved so disastrously in their relationships. An example features one couple I counseled early in my career as a therapist. After work, the wife wanted to hang out with her friends at a bowling alley where they could play a little and drink a little. She invited her husband. He said such activities didn't appeal to him, but that she was free to go, herself.

The next week she went out with her friends again, this time without inviting her husband. When she arrived home, although he wouldn't talk about it she knew he was angry because he gave her the silent treatment, slamming dishes in the kitchen and knocking

stuff around. Later, it came out that he had hoped his protest behavior would communicate that he loved her and had felt rejected and lonely when she went to the work after-party without inviting him. When I asked him why he hadn't told her how he felt, he replied, "I don't know."

Indeed, we *don't* know—because such pre-verbal behavioral responses flow from mental representations created through early attachment experiences with our primary caregivers during babyhood, to be repeated and solidified over thousands of similarly patterned enactments. It was natural for my client to get angry and pout when his attachment to his wife—as his attachment to his mother, in babyhood—felt threatened or impaired in some way.

In another of my cases, as a four-year-old girl my patient had watched her father beat her mother to unconsciousness. She witnessed countless episodes of physical violence and other vicious behaviors—as, for example, when her father had hung a noose in the garage. When the child asked about it, he told her that the noose was for her mother. Her beliefs about relationships between men and women developed in this abusive environment. My study of this woman and

her life (Husen, 2016) revealed that she married a man much like her father and that, in spite of her best intentions, she passed her own dysfunctional attachment issues on to her children.

The good news is that the negative effects of domestic violence upon children (biological, psychological, social) can be corrected. Those of us who work with families and children in the courts and in therapeutic settings can make a difference. However, in order to promote healing and growth among this population, it is vital that we understand the cycle of domestic violence—where it comes from and how the cycle can be permanently broken.

In the discussion that follows, I offer a remedy that involves addressing experience-derived issues of trust and the implicit perceptual biases that drive relationship dynamics, fright, fear, and attachment.

Knowledge is power (Bacon, 1902/1620). Our power in this context involves our ability and intention to help children from violent homes break the intergenerational cycle of violence and victimization, and develop into secure and productive adults. In this way, you and I help to create a secure and happy future for our species—one which reflects our highest ideals.

# **PART I**

## **DOMESTIC VIOLENCE: DEFINITIONS AND TYPOLOGY**



## **DEFINING DOMESTIC VIOLENCE IN THE FAMILY LAW SETTING**

Defining Domestic Violence (DV) comports with Due Process, and gives us a common foundation for research, learning, and policy-making. In terms of control, establishing an agreed-upon operational definition of some problem goes a long way to solving it. As Siegel (2012) pithily put it, *Name It, Tame It* (pp. 180, 181, 333).

More to the point for lawyers and judges, definitional precision in this area of the law is of particular concern because of the vast deleterious consequences associated with being on the receiving end of a domestic violence restraining order. A Domestic Violence Restraining Order issued against a client places that client, as a matter of course, in the Criminal Law Electronic Telecommunications System (CLETS). Inclusion in the CLETS automatically strips the client of the Second Amendment right to bear arms—and may also mean an instant loss of career and future career opportunities in law enforcement or security. A CLETS hit on a routine background fingerprint test can

also torpedo careers in nursing, teaching, counseling, psychology and, as I heard recently from a client, driving for Uber. The list goes on. I also recently learned that according to the Brady Act (18 United States Code § 922(d)(9), a conviction in criminal court of any misdemeanor domestic violence-related case precludes ownership and possession of a firearm for life, unless an expungement of the underlying charge has been obtained.

A DV finding also impacts child custody and spousal support decisions by operation of law (*Family Code* §§ 3044<sup>1</sup>, 4320(m), 4324.5, 4325<sup>2</sup>). Because child

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<sup>1</sup> *Family Code* § 3044 states in relevant part “(a) Upon a finding by the court that a party seeking custody of a child has perpetrated domestic violence against the other party seeking custody of the child or against the child or the child’s siblings within the previous five years, there is a rebuttable presumption that an award of sole or joint physical or legal custody of a child to a person who has perpetrated domestic violence is detrimental to the best interest of the child....” The code then continues to outline line items of consideration for the judicial officer to address if the presumption is to be rebutted.

<sup>2</sup> *Family Code* §§ 4320(m) states in relevant part “The criminal conviction of an abusive spouse shall be considered in making a reduction or elimination of a spousal support award in accordance with Section 4324.5 or 4325.” Although the code specifically mentions a criminal *conviction*, it has been my impression that a DV restraining order will also hinder an otherwise eligible spouse from being awarded spousal support.

support is based, in part, upon timeshare between the custodial and noncustodial parent, DV impacts this decision as well. If the victim happens to be over the age of 65, domestic violence could also constitute elder abuse, resulting in the additional fallout of being disinherited (*Probate Code* § 259<sup>3</sup>).

The vast impact of a finding of DV means that conduct encompassing DV should be defined with clear, easily understood boundaries, so that people engaging in such conduct would know what is prohibited. Unfortunately for due process (that fundamental constitutional right not be deprived of life, liberty, or property without adequate prior notice and opportunity to defend/explain/be heard), such is not—and perhaps cannot be—the case in this relatively

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<sup>3</sup> *Probate Code* § 259 states in relevant part “(a) Any person shall be deemed to have predeceased a decedent to the extent provided in subdivision (c) where all of the following apply: (1) It has been proven by clear and convincing evidence that the person is liable for physical abuse, neglect, or financial abuse of the decedent, who was an elder or dependent adult. (2) The person is found to have acted in bad faith. (3) The person has been found to have been reckless, oppressive, fraudulent, or malicious in the commission of any of these acts upon the decedent. (4) The decedent, at the time those acts occurred and thereafter until the time of his or her death, has been found to have been substantially unable to manage his or her financial resources or to resist fraud or undue influence.



recent area of governmental protection in the realm of domestic relations. It wasn't until the 1980s that law enforcement began to more consistently enforce DV laws. The predecessor of *Family Code* § 6203 defining DV for Family Law proceedings, former *Code of Civil Procedure* § 542, was first enacted in 1979, the year I graduated high school.

### **INTIMATE PARTNER VIOLENCE (IPV) VERSUS DOMESTIC VIOLENCE (DV)**

The terms Domestic Violence (DV) and Intimate Partner Violence (IPV) represent similar but not identical behavioral constellations in the scientific and peer review research. According to the World Health Organization (WHO) (2012), IPV involves “any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship;” whereas, DV “refers to partner violence but ... can also encompass child or elder abuse, or abuse by any member of a household.”

Many scholars prefer and advocate for replacing the term Domestic Violence (DV) with Intimate Partner Violence (IPV), because IPV is thought to be more inclusive of people having lesbian, gay, bisexual,

transgender, and questioning sexual orientations (LGBTQ) (Hamel, 2008). However, California's Codes will most likely continue to use the term DV because it encompasses broader categorical boundaries of behavior than IPV. Although a welcome and growing body of research has addressed DV in LGBTQ relationships, particularly in Gay and Lesbian domestic relations and families, this book will only address heterosexual domestic relations. However, my initial foray into this literature leads me to believe that gay and lesbian intimate relationships largely mirror the dynamics found in hetero/straight intimate relationships and families. When we get to batterer typology and how a batterer becomes a batterer, it will be theoretically logical not to expect to find significant differences in this regard.

## **DEFINING DOMESTIC VIOLENCE (DV) IN CALIFORNIA**

*Family Code* § 6203 defines abuse justifying a restraining order as (a) intentional or reckless attempts to cause bodily injury of a domestic relation, (b) sexual assault, (c) placement of a domestic relation in

reasonable apprehension of imminent serious bodily injury or, (d) engaging in any behavior that could be enjoined by *Family Code* § 6320. Subsection (a) of § 6320 of the *Family Code* outlines a broad range of conduct including disturbing the peace of another party or of other named family or household members.

Domestic violence, therefore, increasingly includes conduct which laypeople consider immune from justification of a permanent restraining order. Countless times, judges and lawyers have heard the complaint, “But I never even touched her!” from persons against whom restraining orders had just issued for clearly outrageous behavior. However, as will be seen below, restraining orders properly issue for conduct far less than *outrageous*.

For example, in *Burquet v. Brumbauch* (2014) 223 Cal.App.4<sup>th</sup> 1140 the Court of Appeal found it sufficient that the petitioner presented evidence of her ex-romantic partner’s unwanted texting and phone calls, *and* his uninvited appearances at her residence, *and* his loud refusals when she asked him to leave. The court found no *abuse of discretion* on the part of the trial judge, because a domestic violence restraining order will issue if the evidence demonstrates the respondent

engaged in “disturbing the peace of the other party.” The appellant in the *Burquett* case argued unsuccessfully that “disturbing the peace” for purposes of a DV Restraining Order in the Family Law Court should be defined as it is at *Penal Code* § 415: The “disruption of public order by acts that are themselves violent or that tend to incite ... violence.” (*In re: Bushman* (1970) 1 Cal.3d 767, 773).

The Court of Appeal disagreed, citing precedent from *In re: Marriage of Nadkarni* (2009) 173 Cal. App.4th 1483, in which a DV Restraining Order properly issued where an ex-husband hacked his former wife’s email to gather evidence against her in a child custody dispute. In fact, a current trend involves social media/internet posting, where jealous or angry ex-partners send or post emails with pictures of private parts or other violations of reasonable expectations of privacy. All such conduct falls within the purview of the *Nadkarni* rule, where disturbing one’s *reasonable right to emotional calm* justifies a restraining order.

Public policy informs the low threshold of conduct subject to Domestic Violence Restraining Orders (DVROs) in the sphere of domestic relations; clever perpetrators—especially *Type I Batterers*

(described below)—often engage in egregious patterns of psychological aggression with impunity both because their victims may be ignorant about what can be enjoined (i.e., victims may harbor a misconception that DV must involve actual violence or imminent threats of physical violence), and because such perpetrators use DV instrumentally, to “get their way” or to exercise control.

Mack (1989) described “instrumental violence” as the use of force or fear to achieve some goal or purpose. Instrumental fact patterns generally show a *lack of mutuality/reciprocity* (or disproportionate response to a relatively minor provocation), and a *lack of remorse* on the part of the perpetrator. As will be discussed below, *Type I Batterers* use instrumental violence much more than *Type II or III Batterers*. By contrast, “expressive violence” usually involves vehement, impulsive emotions such as anger or jealousy, where the partners are involved in an escalating emotional conflict which impulsively erupts into violence, followed by remorse.

Actionable DV includes “verbal and symbolic acts that are intended to cause psychological pain or fear” (Straus, Hamby, & Warren, 2003, pp. 65, 72). Straus et

al. importantly point out that “such behaviors rarely carry social consequences outside the relationship because they involve ‘only’ words or objects and it can be difficult to recognize the cumulative and lasting negative effects that they have on a relationship” and children (Ibid, p. 72).

Social unconcern over psychological aggression/verbal abuse has been changing with the accumulation of scientific studies demonstrating the harm that flows from verbal abuse. Said research confirms what experienced clinicians know from their work with clients harmed by years of living with a parent or partner who engaged in psychological aggression: Verbal abuse undermines normal maturational development of children, substantially increasing their susceptibility to depression, aggression, substance use disorders, and other adverse psychopathological outcomes (Teicher, Samson, Sheu, Polcari & McGreenery, 2010).

By contrast, verbal abuse *outside domestic relations*, such as in the marketplace, is still considered by the law—and rightly so, in my opinion—as *de minimus*. For example, in *Slocum v. Food Fair Stores of Florida* (1958) 100 So.2d 396, which I studied in my

first year law school, a frustrated grocery clerk told a customer “you stink to me.” She, in turn, sued for Intentional Infliction of Emotional Distress (IIED) and rightly lost. Similarly, another IIED case, *Cochran v. Cochran* (1998) 65 Cal.App.4<sup>th</sup> 488, found that “there is no occasion for the law to intervene in every case where someone’s feelings are hurt. There must still be freedom to express an unflattering opinion, and some safety valve must be left through which irascible tempers may blow off relatively harmless steam ...” (p. 545).

The definition of DV as applied in the Family Law courts at the time of this writing, in 2017, encompasses a broad scope of behavior beyond *violence* and *credible threats of violence*, to include actions falling within the purview of the previously cited *Nadkarni* rule: conduct that *disturbs the peace* or a domestic relations partner’s reasonable right to *emotional calm*.

**JUDICIAL DISCRETION AND COMMON SENSE,  
DUE PROCESS, AND CREDIBILITY  
OF THE FAMILY LAW COURTS**

In DVRO proceedings, distinguishing between acceptable “blowing off steam” and prohibitable

psychological aggression/verbal abuse requires both judicial discretion and common sense. As I use the term, judicial common sense involves the ability to understand that, when a witness is testifying or an attorney is arguing some state of facts, three things are always true: 1. A person's statement of the facts involves his or her expression of some internal representation of those facts (i.e., the *appearance-reality distinction*); 2. That expression of one person's internal representation will be more or less congruent with another person's mental depiction and subsequent description of those facts (i.e., *representational diversity*); and, 3. A person's expression of internal representation can and does change with maturation, greater context and, of course, motive (i.e. *representational change*) (Forguson & Gopnik, 1988, p. 235).

Put more simply, judicial common sense demands the capacity to understand other peoples' words, actions, and points of view from a secure, non-defensive, mentally flexible position before deciding an issue. The essence of due process and, ultimately, the credibility of the Family Law Court lies in the public's



perception that they are being heard and understood before decisions are made.

## **THREE TYPES OF BATTERERS, AND A LITTLE HISTORY**

In the 1970s feminist advocates popularized the idea that domestic violence grew out of socially sanctioned patriarchal power and control permeating every important province of male-female relationships (Dobash & Dobash, 1979; Babcock, Green, & Robie, 2004). Having adopted this view, the Duluth Model of treatment for batterers involved, chiefly, convincing participants all problems in their relationships with women centered on conscious and unconscious efforts on their part to gain power and control over their partners. This model became and remains the most popular version of court mandated 52-week batterer classes.

The problem with the Duluth Model has to do with recidivism. Under the Duluth Model the number of batterers who returned to battering after completing the program called into question the underlying assumptions of the model, itself. In one of his seminars on domestic violence, Wexler (2015) explained the problem from a clinical point of view. Clinically, we know that shame does not promote change, instead triggering psychological

defenses—in turn, tending to produce entrenched thinking, feeling, and behavior.

As I will discuss, Type I Batterers do, in fact, live in perceptual world where the dynamics of power and control do dominate their thoughts, feelings, and relationship behavior. However, Type I Batterers only make up about 11% of all batterers. This means that 89% of battering dynamics do not primarily or predominantly involve issues of power and control. Nevertheless, the *power and control* conceptualization of DV became the dominant model for court mandated batterer classes—entailing a philosophical hegemony which informed (and still informs) the pervasive “Power and Control Wheel” found and taught in most 52-week court approved batterer classes and reproduced below:



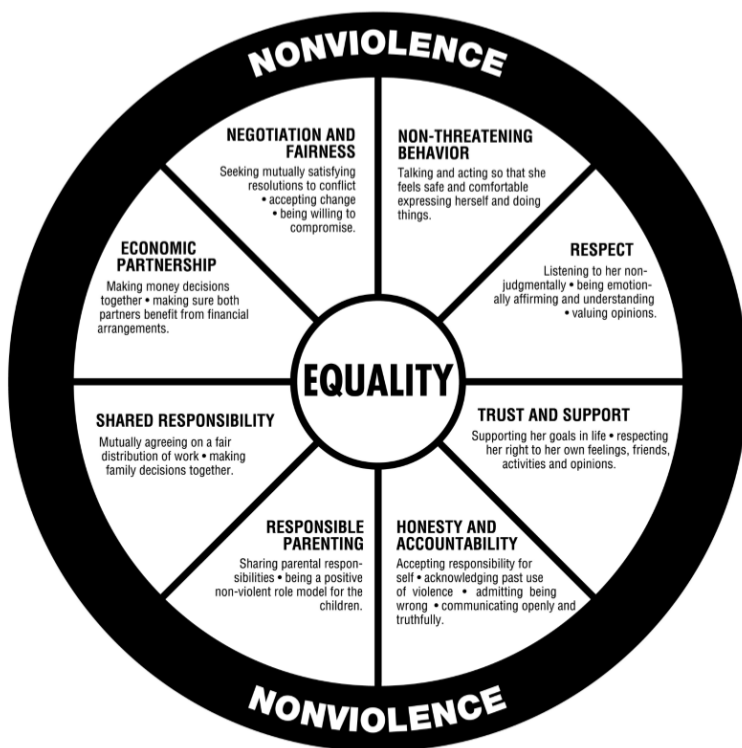
Adapted from

Pence & Paymar (1993)

The stereotypic batterer of the 1970s envisioned a male, violent sociopath (the 1970's psychoanalytic term for Cleckley's (1988/1941) earlier label of the 1940's psychopath and the modern DSM-5's (2013) antisocial personality), who perpetrated his violence with an unacceptable measure of socially sanctioned power and control over female subordinates.

While this profile did and does exist, important distinctions should be made in order to understand batterers and, thereby, implement programs that actually stop the real-life violence and dysfunction. Babcock et al. (2004)

wrote that the Duluth Model essentially consisted of getting men to stop engaging women in patriarchal authoritarian relationships of power and control and getting them to start behaving according to the “Equality Wheel”:



<http://www.theduluthmodel.org/pdf/Equality.pdf>

Throughout the 1980s and 1990s, Duluth Power and Control/Equality Wheel-based programs failed to help batterers change their behavior. Dismal efficacy and unacceptably high rates of recidivism for students graduating Duluth Model batterer classes motivated research on batterer typology (Babcock et al., 2004; Corvo, Dutton & Chen, 2009; Dutton & Corvo, 2007; Maguire et al., 2015; Rosenbaum, & Leisring, 2003). Over time researchers and clinicians began to recognize that not all batterers are alike, and that treatment specifically tailored to the type of batterer resulted in lower rates of recidivism (Babcock et al., 2004; Cavanaugh & Gelles, 2005, p. 157; Hamel, 2008; Saunders, 2001).

Over the past 30-plus years, a general acceptance of three types of DV offender—Type I, Type II, and Type III—has emerged in the scientific literature. The variables differentiating these people include: 1. Frequency and severity of violence perpetrated; 2. Underlying psychopathology; 3. Generality of the use of violence (Hamburger & Hastings, 1986; Johnson & Ferraro, 2000; Ziegler, 2005) including instrumental versus impulsive violence (Tweed & Dutton, 1998); and, 4. Attachment relational style (Dutton, 2007; Cameranesi, 2016).

Synthesizing Batterer Typological Research:

<b>Type of Batterer</b>	<b>Relative Frequency &amp; Severity of Violence</b>	<b>Underlying Psychopathology and Attachment Style - (Discussed in detail below in Part II)</b>	<b>Generality of Violence, Emotional Control, &amp; Attitude Toward Violence</b>	<b>% Male Perpetrators and % Female Perpetrators Male Lifetime Exposure to DV = 9.9% Female Lifetime Exposure to DV = 28.8%</b>
Type I, Generally Violent Antisocial	Severe	Antisocial/ Narcissistic Personality & Preoccupied Attachment	Generally Violent, Controlled, Positive Instrumental/ Positive Attitude Toward Violence	<b>97% Male 3% Female 11% of all DV</b>
Type II, Borderline Dysphoric	Severe/ Medium	Borderline/ Schizoid Personality & Fearful Attachment	Emotionally Driven Violence, Emotionally Impulsive (Under-controlled), Mixed View of Violence <b>25% of all DV</b>	<b>56% Male 44% Female</b>
Type III, Family Only, Situational Couple Violence	Medium/ Low	Dependent/ Compulsive Personality & Insecure, Avoidant, or Preoccupied Attachment	Relationally Driven Violence, Emotionally Over-controlled, Negative View of Violence <b>64% of all DV</b>	

## TYPE I ANTISOCIAL INSTRUMENTAL BATTERERS

Type I perpetrators of DV make up about 11% of all batterers, and 97% of this group are male (Johnson, 2006, Kelly & Johnson, 2008). Gottman et al. (1995) labeled these men *cobras*, or *vagal reactors*, because during violent episodes with intimates their heart rates and vital signs decrease. Family conflict and violence calms these people. Other labels used to describe these perpetrators of DV include *coercively controlling* (Kelly & Johnson, 2008) and *intimate terrorists* (Johnson, 1995; Ver Steegh, 2005).

These men also use violence instrumentally—that is, they plan the use of violence or threats of violence in cold-blooded calculations and scheming (Tweed & Dutton, 1998). Such men are also generally violent, both in and outside the family, and often have significant criminal records, if not recorded histories of violence (Holtzworth-Munroe & Stuart, 1994).

The developers of the Duluth Model of treatment had Type I batterers in mind when they established their shame-based educational format. In this model, power and control become the touchstones for



understanding the motivation of these men in perpetrating violence (Kelly & Johnson, 2008).

These Type I batterers have developed particularly troublesome personalities, where their tactics in resolving conflicts in their interpersonal relations (defined as any contradiction to their way) routinely involves resorting to violence and extortion. They view the world as *dog-eat-dog*, feel superior to others whom they consider *suckers* or *marks* to *exploit*, and they recurrently and pervasively take unconscionable advantage of family, friends, and foes alike by violating formal and informal agreements for selfish ends (Cleckley, 1988/1941; Lester, 2016, pp. 40-41). These men use DV “instrumentally” (Tweed & Dutton, 1998) and they demonstrate a complete lack of conscience (Stout, 2006).

## **TYPE I BATTERERS AND PSYCHOLOGICAL REACTANCE**

The concept of *psychological reactance* can lead to understanding one common motivation behind *Type I Batterer* behavior. With *reactance*, perceived threats to one’s personal freedom result in persistence in and an

increased desire for denied activities, as individuals strive “to protect or restore their freedom and control” (Brehm & Brehm, 1981, p. 2). When the narcissist or antisocial personality enters this state of mind the potential or, even, the likelihood of physical and/or sexual assault becomes more than merely possible (Baumeister & Catanese, 2002).

Generally, treatment does not help these people—they are not psychologically minded<sup>4</sup> and are not at all inclined to think *they* have a problem at all. In fact, treatment and therapy serve merely to educate them on how to better achieve their manipulative ends without getting caught (Dutton, 1995; Stout, 2006).

### **FAMILY LAW’S “FRIENDLY PARENT STATUTE” AND TYPE I BATTERERS**

The Family Code § 3040(a)(1), the “friendly parent statute,” specifies that the order of preference in awarding child custody includes “which parent is more likely to allow the child frequent and continuing contact

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<sup>4</sup> “Psychological mindedness refers to a person's capacity for self-examination, self-reflection, introspection and personal insight” (Wikipedia)

with the noncustodial parent.” In cases of domestic violence, especially Type I DV, such a provision is clearly not in the child’s best interest, and should be disregarded.

Ver Steegh (2005) outlined how, in cases involving Type I Batterers (she labels them Intimate Terrorists), the friendly parent statutes lead to deleterious and even dangerous custody decisions. This happens because: “(1) the batterer may appear to be the more cooperative parent and thus gain custody or unrestricted access to the children; (2) the victim may be coerced into agreeing to unrestricted visitation in order to keep custody; (3) the victim may be forced to have additional ongoing contact with the batterer; and (4) the batterer is likely to use the provision as a means to control and manipulate the process.”

To better understand the dynamics as they exist in the real world of some of these families and relationships I provide the following two case studies.

### **CASE STUDY #1:**

#### **TYPE I BATTERER (WITH CHILDREN)**

Lundy Bancroft’s (2002) composite of the prototypical parenting of this particular type of batterer

derives from his personal observations over several years. His composite profile captures the insidious damage, inflicted over years of repeated harassment, becoming even more pronounced and harmful after separation, more difficult to detect, and even more difficult to correct. In such cases, the custodial mother will actually be characterized as a restrictive gatekeeper.

The children growing up in such families being traumatically attached to the batterer, the perpetrator has no difficulty manipulating them to his ends. The undeniable pattern where battered women and children in these abusive relationships are intensely attached to the perpetrator “makes sense in attachment terms: abuse escalates fear; fear heightens attachment needs; and attachment is reinforced by the illusory safe haven during the third phase of reconciliation” (Allen, 2013, p. 208)—i.e., during the “honeymoon phase” described by Walker (2009).

The following passage captures the craziness fostered by such men in their families: favoritism of one child over another is common, derogation dominates communicative processes, and instrumental acts of

intimidation and violence are quickly resorted to without guilt or remorse in conflict:

*It's Saturday morning in the Franklin home.\* Breakfast is rushed because Marty, who is 12 years old, and his sister Rhonda, 9, have early soccer games. Their mother, Donna, is scurrying around while her husband, Troy, eats and reads the morning paper. Marty grumbles to his mother, "Ma, hurry up! I told you last week, the coach picks the starting players 20 minutes before game time."*

*His mother snaps back, "If you had washed your uniform last night like I asked you to, we wouldn't be in such a hurry." Rhonda pipes in, "I did mine."*

*Marty shoots his sister a dirty look and says, "Oh, I guess I just can't compete with goody two-shoes here. Hey, maybe my soccer suit is dirty, but at least I don't get the Bitch of the Year Award."*

*Donna reacts sternly, saying, "Don't talk that way to your sister, young man!" Troy now glances up from his paper, annoyed. "How the hell do you expect Marty to react? If he's not absolutely perfect, both of you are all over him."*

*"Never mind, Dad," Marty breaks in flippantly, "I'm used to it. If one of them isn't bitching at me, it's the other."*

*Donna's blood begins to boil as Troy returns to reading. "Your son just called me a bitch. You're his father—you have nothing to say about it?" Troy half rises out of his seat. "Yeah, I do have something to say. If you would conduct*

*yourself like an adult, instead of getting all hysterical, things wouldn't get like this with the children. Don't be so damn sensitive. Marty didn't call you a bitch, he said you bitch at him, which is true. You do."*

*Marty laughs. Rhonda does too, then immediately feels ashamed toward her mother and turns red in the face. Their mother yells loudly at Troy, "It's not me! You're the problem here, you're just encouraging his bad attitude!"*

*Troy pounces out of his seat yelling back, "That's enough out of you, you goddamned bitch!" Troy then hurls his newspaper to the floor and shoves Donna hard toward the kitchen door so that she stumbles and falls. "Get the hell out of here, right now," he screams, "or you'll be sorry!" Donna bursts into tears and runs up to the bedroom. Marty and Rhonda are left trembling, although Marty forces a smile and mumbles to Rhonda, "What the hell does Mom expect?" (p. 44)*

\* Though fictional, this scenario incorporates family dynamics from a number of my cases.

## **CASE STUDY #2:**

### **TYPE I BATTERER (WITHOUT CHILDREN)**

Before closing this section, I want to illustrate the type of overreaction Type I Batterers engage in and the extent to which they go to publicly humiliate a partner. Although the following description is extreme, I believe it captures the essence of a Type I Intimate

Terrorist. When *People v. Morton* (2007) 152 Cal.App.4th 323, 327-328 was published, I remember being mystified by the defendant's (Morton's) outrageous behavior. Now, I see him as a prototypical *Type I Intimate Terrorist Batterer*, whose arsenal of power and control included outrageous instrumental conduct leveled at humiliating, physically harming, and threatening his partner in an attempt to gain power and control.

I reproduce the story verbatim as related by the Court of Appeal (brackets highlight elements of the *Type I Intimate Terrorist Batterer*):

The events giving rise to the crimes charged against Morton occurred on November 7, 2004. At that time, Morton resided with his girlfriend and alleged victim, Theresa W. According to the prosecution's evidence, Morton was sitting in the living room watching television, while Theresa W. was cooking in the kitchen, topless. Theresa W. took umbrage, told Morton she was going to move out, and noted that he also fared poorly in comparison to the "good looking and big" man in the movie.

Not to be outdone in the umbrage department, Morton picked up the chair he had been sitting in, and tried to throw it through the window near Theresa W. He then grabbed a wooden table and threw that at Theresa W.

Neither connected. *[Incommensurate response to situation and resort to violence to gain advantage.]*

Theresa W. went into the hallway, picked up the phone, and attempted to call 911. Morton grabbed the phone from her, and they both went into the bedroom. Morton hit Theresa W. several times in the jaw with a closed fist, and “head-butt[ed]” her. When Theresa W. began screaming, he grabbed her by the throat from behind, and a neighbor heard her shout “you’re going to choke me to death.” According to the neighbor, Morton responded something to the effect of “I don’t give a damn, you bitch.” *[Resort to extreme violence.]*

Morton and Theresa W. ended up on the floor, and Morton again choked her until Theresa W. thought she would actually pass out. Although Theresa W. was able to get Morton’s hands off her throat, he remained on top of her. He squatted over her face, then pulled down his pants and told Theresa W. “I’m going to shit on you.” *[Resort to instrumental extreme violence and humiliation.]*

Theresa W. managed to escape this Fellini-esque nightmare, and fled the apartment, still topless. Morton followed her, but according to Theresa W., his mood had changed. He told Theresa W. he loved her and wanted to go to his sister’s house. A neighbor overheard him say to Theresa W.: “Be quiet, because if the cops come, I’m going to be gone. Is that what you want?” *[Note how his “mood had changed” – indicating the Cobra/vagal response: the violence had calmed him in some way]*



The police did come, and Theresa W. was observed to be shaking and crying. She also had a cut on her right eye, injuries on her face, discoloration on her chest, and redness and bruising on her neck. The police observed no injuries on Morton. Theresa W.'s injuries were documented in photographs, which were introduced into evidence at trial. *[A reading of the case itself indicates further that Morton had no remorse at all; and, further, that he had two prior strikes and four prison priors.]*

Unsurprisingly, the evidence supported the conviction and the case was affirmed on appeal.

## **TYPE II: BORDERLINE DYSPHORIC/IMPULSIVE BATTERERS**

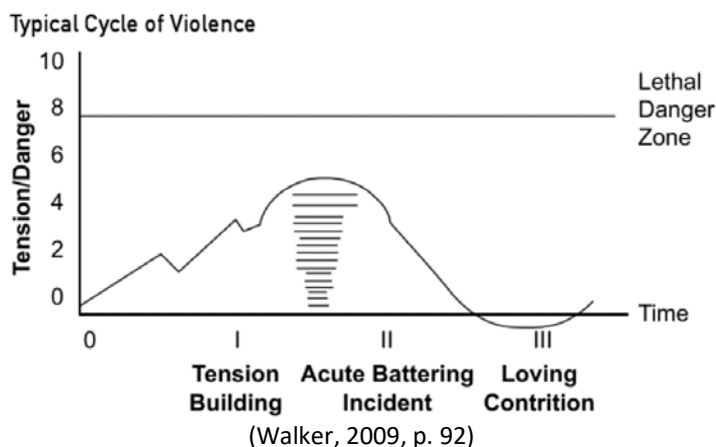
Type II perpetrators comprise about 25% of all batterers (Ver Steegh, 2005); however, the research often commingles Type II prevalence with Type III as a single number accounting for 89% of all batterers (Kelly & Johnson, 2008; Tweed & Dutton, 1998). Within both Type II and Type III batterers, 56% of the perpetrators are male and 44% female (Beck, Anderson, O'Hara & Benjamin, 2013).

Type II perpetrators are descriptively called *Pitbulls* (Gottman et al, 1995), *Borderline Dysphoric* (Holtzworth-Munroe & Stuart, 1994; Holtzworth-Munroe & Meehan, 2004), *Passive Aggressive-Dependents* (Hamberger et al., 1996), *Impulsive* (Tweed & Dutton, 1998), and *Emotionally Volatile* (Saunders, 1992).

These men and women tend to present themselves to the world as Dr. Jekyll, taking on the Mr. or Mrs. Hyde persona in the privacy of their own homes. This form of DV generally runs in recurrent cycles of relational tension. Once the tension builds to the intolerable, discrete episodes of violence erupt. These episodes are then followed by relational “honeymoons”

of regret, contrition, and gifts (Dutton, 1995; Walker, 2009). After the honeymoon phase, a new cyclic buildup of tension, renewed outbursts of violence, and another phase of honeymoon contrition follows.

The following diagram outlines the *cycle of violence* which Walker identified in her study of women victimized by Type II Male Batterers (as pointed out above, this group of batterers is comprised of a 56/44 male-female prevalence):



As time goes on, the baseline toward lethality may increase and phases I and III of Walker's Cycle of Violence shorten (Saunders, 1992, p. 273; Walker, 2009, pp. 95-96). Walker has warned that as the

contrition/honeymoon cycle decreases, the likelihood of relational lethality increases. The release of tension in these relationships results in feelings of euphoria. This makes such a violence cycle addictive, and unlikely to stop without outside intervention (Dutton, 2007).

The cycle of violence can be misleading because it implies a slow, predictable buildup of tension before violence erupts. This is not always so, especially when drugs and/or alcohol are involved, as these substances impair normal inhibition of limbic emotional action potentials.

Type II Batterers lack adequate established emotional regulatory competencies in their intimate relationships. They engage in primitive (“early-forming”) defense mechanisms including displacement of negative affect, with its projection upon their partners through blame and misattribution. Type II Batterers lack ego integrity and are prone to brief breaks with reality under the stress of a perceived threat of abandonment or loss of a loved one. They see the world as *rejecting and hurtful* and see themselves as disproportionately *vulnerable* and *worthless* in the context of a threat to their intimate relationships (Lester, 2016, p. 46).

These people respond well to treatment. However, it is particularly important not to underestimate the depth of the underlying personality disorder because, unlike Type I Batterers, Type II Batterers are often quite successful outside the realm of intimate relationships. Mere psychoeducation as found in the 52-week court ordered Batterer Classes generally does not reach deeply enough to restructure these batterers' severely compromised personalities.

### **CASE STUDY #1:**

#### **EMOTIONALLY CHARGED JEALOUSY**

We had drinks and ... I pleaded with her, "We have to resolve this," and I did punch the window.... I punched the window [shattering it with his body-builder fist] in reference to say, "Listen. We need to talk about it," because I wasn't mad. I was crying. I was pleading with her. She would just have a nonchalant attitude. (Court Transcript, May 2016)

The 3-year-old child was in the back seat while this scene played out. The body builder had seen the mother's cell phone and believed she was cheating on him. She was cool and controlled, unflappable. Upset, he threw the cell phone out the window. She snapped and

attacked him whereupon he grabbed her by the neck and the episode ended. His vociferous pleas for forgiveness ensued, along with feelings of intense shame, as demonstrated by his confession in open court.

**CASE STUDY #2:**  
**EMOTIONALLY CHARGED SHAME**

On July 27, 2017, while enjoying the pleasures of an Alaska Cruise a 39-year-old man confessed to killing his wife in their cabin because she wouldn't stop laughing at him (MSN.com).

After killing her he tried to throw her body overboard but was stopped by other passengers and ship security. He then broke down, started crying, and confessed. His attempt to hide the crime while simultaneously confessing in contrition typifies the episodic psychosis and dynamic seen in Type II Batterers of the Borderline Dysphoric variety.

### **TYPE III: FAMILY ONLY, SITUATIONAL BATTERERS**

Type III Batterers make up about 64% of all DV cases. They follow the same gender prevalence as Type II perpetrators—about 56% male and 44% female. This group of DV perpetrators has been assigned research descriptors such as *Typical DV* (Gondolf, 1988), *Nonpathological* (Hamberger, Lohr, Bonge, & Tolin (1996), *Common Couple Violence* (Johnson, 1995), *Family Only Violence* (Holtzworth-Munroe & Stuart, 1994), and *Situational Couple Violence* (Kelly & Johnson, 2008).

These cases tend to involve situational arguments and shouting where some grabbing, pushing, and/or shoving erupts; however, they display an absence of Walker's (2009) cycle of violence (invariably present with Type II batterers), and an absence of obvious issues of power and control (invariably present with Type I instrumental batterers and with Type II impulsive batterers).

The most common denominators leading to a lack of cortical inhibition within this group of batterers include the use of drugs and/or alcohol, and histories of

relational trauma. The high prevalence of these factors in DV cases warrants a more detailed discussion.

## **DRUGS, ALCOHOL, TRAUMA HISTORIES, AND DV**

Adverse childhood experiences can and do result in trauma when children are so exposed without adequate support or protection (Rogosch, Dackis, & Cicchetti, 2011; Vygotsky, 1978). DV places a child in conditions of “fright without solution,” where the supposed safe haven and secure base in life becomes the vulnerable child’s primary source of fear and terror (Main & Hesse, 1990). The disorganizing effect of DV upon the child’s biological, psychological, and sociological development can be devastating, especially during the first three years of life (Schoore, 1994).

If the timing, severity, and chronicity of DV exposure converge at a crucial moment in a child’s development, transient states of dysregulation are transformed into embedded, lifelong traits of social, emotional, endocrinological, and immunological dysfunction (Perry, Pollard, Blakely, Baker, & Vigilante, 1995; Shonkoff, Boyce & McEwen, 2009; Townsend, Eliezer, & Major, 2013, p. 386; Wieck, Grassi-



Oliveira, Hartmann do Prado, Teixeira, & Bauer, 2014). In fact, Type I and Type II Batterers generally show a long childhood history of severe trauma associated with maltreatment.

The sequelae of childhood trauma and/or insecure attachment results in a general bio-negativity (or dysphoria). This underlying bio-negative substrate is increasingly understood by scientists as affecting how individuals perceive self, others, and the world at large (Wikielman, Neidenthal, Wielgosz, Eelen & Kavanagh, 2015, p. 151). Bowlby (1984) described this underlying sense of self as “a person's whole emotional life—the underlying tone of how he or she feels” which, in turn, influences the quality of all subsequent relationships.

Bio-negativity, an underlying negative dispositional feeling tone, predisposes a person to drug or alcohol use as self-medication to cope and regulate mood (Kaysen, Dillworth, Simpson, Waldrop, Larimer, & Resick, 2007; Magnavita, 2006; Van der Kolk, 1994, 2014). An important negative side effect of such self-medication with alcohol or drugs involves an attendant loss of cortical inhibition of emotional impulses—a problem directly related to what DV perpetrators

colloquially refer to as *picking up a case* (Mischel & Ayduk, 2011; Rueda, Posner, Rothbart, 2005).

Having taught/facilitated 52-week batterer classes in the past several years, I had the privilege of getting to know various men and women convicted of DV. By my estimate more than 90% of these cases involved contributory drug or alcohol abuse; and an equal number had grown up in environments toxic to learning.

In *toxic to learning environments* children are consumed with issues of survival; and the childhood joy of carefree play, curiosity, and learning hardly enter their impoverished bio-psycho-social worlds. Ford (2009) described this unsatisfactory childhood dynamic as a foundational shift from a “learning brain” to a “survival brain” (pp. 31-32).

Van der Kolk (2003) also noted how childhood trauma impacts the ways in which children “think, feel, behave, and regulate their biologic systems” (p. 293)—which, when combined with insecure attachment, leads to a general bio-negativity, thence to drug and alcohol abuse as a coping mechanism or self-medication, simply to feel better.

## CONCLUSION TO PART I

Part I explained DV as it is defined in the courts—the broad scope of conduct which may subject a person to a Domestic Violence Restraining Order (DVRO). Essentially, if a person engages in conduct which “disturbs the peace” of another in a domestic relationship, a DVRO can issue.

Batterer typology occupies a spectrum ranging from the Type I Generally Violent Antisocial, to the Type II Borderline Dysphoric, to the Type III Situational Couple Violence, citing their different features. Demographically, Type I Batterers are predominantly male (93%); Type II and Type III batterers are 56%/44% male and female—demonstrating *moderate asymmetry* in the overall group distribution of Type II and Type III batterers (Hamby, 2009).<sup>5</sup>

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<sup>5</sup> *Evidence Code* § 452(c) provides that “official acts” of any branch of the government can be noticed. This includes an increasingly broad array of research publications. When it comes to judicial notice of something lengthy which requires time beyond that afforded in the context of a trial or hearing a noticed motion with a copy of that which notice is requested along with points and authorities should be required (*Kaufman & Broad Communities, Inc. v. Performance Plastering, Inc.* (2005) 133 Cal. App. 4th 26, 30)

Finally, childhood trauma is a clear risk factor for adult use of drugs and alcohol as a kind of self-medication for general dysphoric bio-negativity. Drugs and alcohol, of course, work in the short run; however, not only does the body build up a tolerance, requiring increased consumption for the same euphoric results, but drugs and alcohol also impair cognitive control of emotion. This factor of drug and alcohol use leads quite naturally to DV, even among Type III non-pathological batterers.

In the next section, I will discuss etiology—how they got that way—for the three types of batterers outlined above.

## **PART II**

### **HOW TO MAKE A BATTERER:**

#### **ETIOLOGIES OF ABUSE**



## **ETIOLOGY OF ABUSIVE PERSONALITIES**

The merits of a scientific theory are to be judged in terms of the range of phenomena it embraces, the internal consistency of its structure, the precision of the predictions it can make, and the practicability of testing them (Bowlby, 1982, p. 173).

Type I, II, and III Batterers share distinctive developmental processes informing their adult personalities which, in turn, impact their relative propensities for violence under the stresses imposed by relational intimacy.

## **A DEVELOPMENTAL UNDERSTANDING OF BATTERER PERSONALITY**

DV represents a developmental outcome. Longitudinal studies tracking children from prenatal to adult demonstrate clear connections between childhood experience and adult personality. Attachment

experiences and, sadly, attachment-related trauma appear to be particularly salient variables.

In an optimal environment of security, a child endowed with a relatively normal genetic code will develop into a naturally secure, curious, cooperative person with purpose. Such a person will naturally work with others, find meaning, and successfully negotiate the challenges and milestones of a life characterized by growth and stability.

Such a life involves personal flexibility and modification toward increasing balance between aspects of four human polarities: 1. Between myself and others; 2. Between pleasure and pain; 3. Between thought and feeling; and, 4. Between active and passive strategies to find balance throughout life. Optimal human development results in a flexible modification of an individual to his or her environment in such a way that "further interchanges favorable to [his or her] preservation, are enhanced" (Piaget, 1952, p. 5).

Batterer behavior springs from an underlying developmental history of experience that, over time, sculpted their perceptual, arousal, emotional, motivational, cognitive, and relational mental structures. These structures are responsible for

regulating (including directing, monitoring, and maintaining) the flow of information and energy within their distributed nervous systems (Perry, Pollard, Blakely, Baker, & Vigilante, 1995; Seigel, 2010, pp. 52-54).

Batterers are not possessed by demons or other spiritual forces. But the proclivity to spiritual explanations of human behavior is very ancient. For many people all around the world, religious explanations and dogma halt deeper inquiry and discussion in the name of orthodoxy and social stability. However, the overall cost to society of such dynamics is enormous. Flexibility of mind and adaptive change also ensure long-term social viability.

In the discussion, below, of Learned Helplessness, Complex PTSD, and other trauma related developmental outcomes, the seemingly *odd* and often *self-sabotaging* behavior exhibited by survivors of DV also has its own particularized developmental history.<sup>6</sup>

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<sup>6</sup> Hyland et al. (2017) recently reported the results of their study of 453 childhood sexual abuse survivors that 50.6% suffered core features of PTSD. Of this 50.6%, 42.8% additionally presented with clinically significant *disturbances in self-organization* (DSO). As operationalized for the International Classification of Diseases 11<sup>th</sup> ed. (ICD-11), DSO has three components: **1. Affect Dysregulation;** **2. Negative Self Concept/Perception;** and, **3. Disturbances in**



## TRAUMA DYSREGULATES BRAIN FUNCTION

The brain has evolved into a hierarchically developed structure to coordinate the activity of billions of neuronal connections processing the energy and information of life.

The lower levels of the brain develop first; the activities of the brain stem regulate life support systems such as body temperature, heart rate, and blood pressure. This is why good prenatal nutrition is crucial, as is avoidance of toxins that can result in genetic harm to the developing fetus. Once established, these brain stem processes are fairly fixed and least subject to modification and change.

At the next level processes such as sleep, arousal, appetite, and motor control are regulated by higher brain functions and the structures that support such functions. These processes are, likewise, fairly immutable.

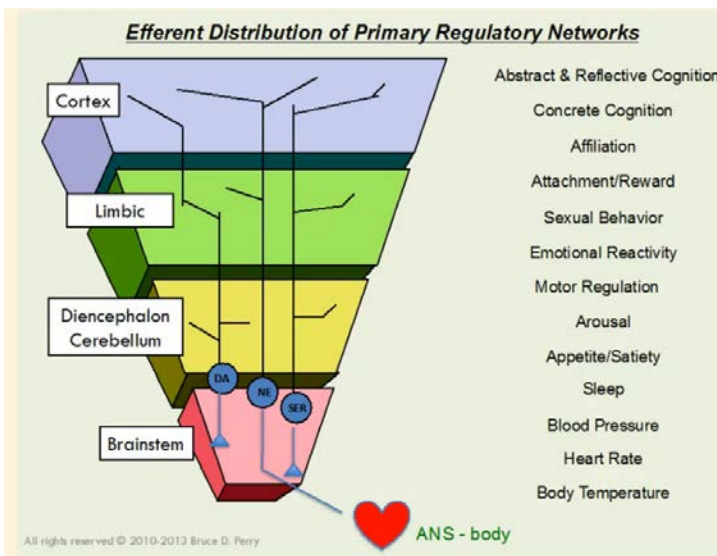
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**Relationships.** Other researchers have produced similar prevalence rates of PTSD and Complex PTSD from exposure to childhood abuse (Knefel & Lueger-Schuster, 2013). **Putting it simply, 50% of children exposed to CSA will suffer PTSD; and of these, half will also experience CPTSD with the aforementioned core disturbances in self-organization (DSO).**

Although seeming automatic, at the next level the limbic system's emotional reactivity, sexual behavior, and attachment/reward system processes are somewhat more flexible and adaptive.

At the highest level, processes including abstract and reflective cognition—where love, loyalty, kindness, cooperation, etc. function—are most plastic and capable of change.

The following diagram illustrates these hierarchical levels of human functioning:



(Perry, 2014, January 29)

Frequent and ongoing activation of a child's stress hormones through exposure to DV (even in utero) results in dysregulated neurotransmitter systems with attendant compromise in brain function (Sobel, 2012). Childhood trauma such as DV dysregulates the normal functioning of brain systems at every level of the hierarchy, and results in multilevel problems ranging from the physical, to the emotional, to the social, to the ability to plan and think and dream and work and love (Bandelow, Schmahl, Falkai & Wedekind, 2010; Howell, 2005; Lanius, 2014).

Children exposed to adverse stress without adequate adult emotional and physical support and love often suffer systemic changes to their stress response system (the Hypothalamic-Pituitary-Adrenal Axis, or HPA Axis), resulting in internalizing disorders (depression and anxiety) and externalizing disorders (ADHD, conduct disorder, etc.) (World Health Organization, 1998, p. 31).

Modern stressors are generally relational, where full blown HPA-Axis “fight or flight” reactions undermine adaptive behavior. The problem lies in being overly activated. Relational conflict (without violence or threats of violence) requires empathy, listening to

one another, a balancing of interests, and a collaborative and creative search for solutions. Modern relationships in the workplace, at home, and even in government, court, and international diplomacy require finesse in lieu of threats and battle. Fight or flight reactions or, worse, freeze states of mind impair nuanced interactions with others.

All accepted, state-of-the-art psychotherapeutic modalities now account for the fight-flight-freeze response in humans and explain its ultimate impact upon adaptation (Porges, 2009). We now understand that experiencing full-blown HPA axis stress responses in relational contexts (particularly when associated with exposure to DV) results in long-term lifestyle disease processes including heart disease, arthritis, diabetes, and even substance use disorders (Anda et al., 2006; Everly & Lating, 2013; Felitti et al., 1998; Van der Kolk, 2014, p. 144-147).

As intimated above, Type I Psychopathic BATTERERS, Type II Borderline Dysphoric BATTERERS, and Type III Family Only/Situational BATTERERS share distinctive bio-psycho-social developmental variables.

Prior to examining the making of a psychopathic batterer, a borderline dysphoric batterer, and a

situational batterer, I provide a short foundational discussion of attachment theory to explain the development of abusive personalities.

## **ABUSE, PERSONALITY, AND ATTACHMENT THEORY**

Attachment theory posits that, through the course of evolutionary development, an infant and its mother (and/or other protective primary caregivers) form a bond which promotes the child's survival. The infant seeks proximity to the mother because such proximity ensures survival.

Attachment research has demonstrated that this evolutionary drive for proximity results in four attachment styles, evident by about 10 months and reliably classified at 18 months: secure attachment, anxious attachment, avoidant attachment, and disorganized attachment. These four attachment categories have been demonstrated all over the world in vastly different cultures.

The attachment style, produced over thousands of interactions between the child and the principal caregiver, reflects ingrained beliefs about self and others. More than 80% of the time a child's attachment

style matches the mother's attachment style, the child accommodating to the mother in order to gain maximum possible proximity.

Beginning and developing before the child is capable of speech or reflective thought, the attachment style is sculpted into the neurophysiological processes of perception and belief (Costello, 2013, pp. 43-68). Operationally speaking, in adulthood these attachment styles reflect internal working models (IWMs) of self and others that serve as underlying propensities to perceive and act in relationships, especially when under stress.

**Secure attachment:** The secure person believes in both self and the world as essentially trustworthy and good. This basic orientation to life carries with it profoundly beneficent implications when it comes to the secure person's ability to explore the world and establish a secure base for rest and recreation.

**Anxious/insecure attachment:** The anxious person believes that he is unworthy or deficient, at the same time believing that others can be trusted only if they are sufficiently reminded of their duty to act in a trustworthy manner. An anxiously attached person has difficulty establishing a secure base from which to

launch the explorations of life. He repeatedly needs reassurances of love and loyalty (which avoidant and disorganized people find extremely challenging to give).

Avoidant attachment: The avoidant or dismissing person tends to trust self but not others. This, of course, creates particular implications for relationships at the base and the explorations of life. Persons exhibiting avoidant and anxious/insecure styles of attachment make up the bulk of Type III Batterers.

Disorganized attachment: The disorganized attachment style is born of abuse and DV, where proximity means danger, extreme fear, and confusion. These people tend to have extreme internal working models about self and others, which feed into the personality disorders and Type I and Type II Battering behavior described below.

Unfortunately, but predictably, in a free society where choice in marriage is the norm, securely attached people tend to choose securely attached mates. Insecurely attached people tend to couple with other insecurely attached people (it is common to find an anxiously attached person coupled with an avoidantly/dismissing attached person). Finally,

disorganized attachment styles tend to find each other and couple up, as well.

The internal working models of self and others figure in how one responds to DV when it occurs. The prototypically secure person would most likely report it and seek help from others. The anxiously attached would blame self and internalize the trauma. The avoidant/dismissing person would blame the other, usually acting out in a passive-aggressive manner. The disorganized person would react idiosyncratically, without apparent rationality (Smagur, Bogat, Levendosky, 2017).

A recent review of the batterer typology literature concluded that “attachment theory (Bowlby, 1988) may provide an appropriate and comprehensive framework capable to explain the complex mechanisms involved in the development of the batterer personality” (Cameranesi, 2016, p. 36). Dutton (2007), too, wrote that an infant’s rage over separation from its mother (as experimentally studied at length in attachment theory) looks very much like what we see when Type II Batterers engage in DV:

In attachment theory rage is the initial reaction to attachment disruption.... Understanding this



connection can move our comprehension beyond the “stimulus–response” models of social learning theory and enable us to chart cyclical buildups of internal tension as a key element in intimate abusiveness. Such cyclical tension is, I believe, a personality consequence of a disrupted attachment process, one pathway linking early problems with adult pathology. From John Bowlby’s descriptions of insecurely attached infants ‘arching away angrily while seeking proximity’ to the ambivalence of the abusive adult, a lifelong thread appears in the psychological profiles of abusive men and women. This thread includes ambivalence toward the partner, dysphoria produced by intimacy, and a tendency to blame the partner for the dysphoria. The latter process spirals upward in self-amplifying ruminations that produce unbearable tension states that culminate in violence. These tension states drive thought processes into obsessional ‘feedback loops’ and generate self-fulfilling prophecies when negative actions follow negative anticipations” (pp. vi-vii).

The *cyclical buildups of internal tension* Dutton alluded to relate to Walker’s (2009) “cycle of violence” discussed above (Type II, Borderline Dysphoric/Impulsive Batterers at Page 44 et seq.). Here, too, lies the essence of the Battered Woman Self Defense that has found its way into the law.

In Criminal Law and, probably, in the right case in Family Law (although I have yet to see it used in Family Law) “[e]vidence relating to battered woman’s syndrome may be considered by the jury when deciding if the defendant actually feared the batterer and if that fear was reasonable. (See *People v. Humphrey* (1996) 13 Cal.4th 1073, 1082–1089 [56 Cal.Rptr.2d 142, 921 P.2d 1].)” (CALCRIM (2016) § 571).

## **THE CYCLE OF VIOLENCE AND BATTERER TYPOLOGY**

Walker’s (2009) work with survivors of domestic violence in the 1970s resulted in studies demonstrating a recurrent pattern which has come to be called *The Cycle of Violence*. The *Cycle of Violence* was based upon a “tension-reduction theory” with three phases: 1. The honeymoon; 2. The buildup; and, 3. The explosion.

Although I described the honeymoon above, I would point out that the profuse expressions of contrition, love, and affection following an act of DV engender reciprocal feelings of love; and a short-lived sense of secure attachment blossoms like a flower in the

desert after the rain. This honeymoon period, however, never lasts because the perpetrator of DV has what Dutton (2007) described as an *abusive personality*.

The abusive personality has two enmeshed developmental components: insecure (which would include disorganized) attachment and, to some degree, a dysfunctional or deficient personality structure. This combination leads to the use of relationship-destroying defense mechanisms which are peculiarly prone to different types of violence, depending upon the underlying configuration of attachment and personality making up the perpetrator's sense of self.

The internal experience of a dysphoric build-up of tension in relationship ultimately traces to underlying limbic processes of the brain. There, prosocial reward paths send out emotionally charged signals of frustration which, from an evolutionary perspective, can take on the salience of survival when an infant is left alone in the wild.

## TYPE I: GENERALLY VIOLENT, ANTISOCIAL AND NARCISSISTIC BATTERERS

In terms of attachment relevant to the cycle of violence, the antisocial and narcissistic batterers comprising the category of Type I perpetrators tend to have fear-based internal working models of self and others.

What these Type I perpetrators fear most of all is having their autonomy taken from them. Their fearful (disorganized) attachment styles are characterized by highly negative views of dependency upon or intimacy with others. Bartholomew and Horowitz (1991):

		<b>MODEL OF SELF (Dependence)</b>	
		<b>Positive (Low)</b>	<b>Negative (High)</b>
<b>MODEL OF OTHER (Avoidance)</b>	<b>Positive (Low)</b>	<b>CELL I</b>  <b>SECURE</b> Comfortable with intimacy and autonomy	<b>CELL II</b>  <b>PREOCCUPIED</b> Preoccupied with relationships
	<b>Negative (High)</b>	<b>CELL IV</b>  <b>DISMISSING</b> Dismissing of intimacy Counter-dependent	<b>CELL III</b>  <b>FEARFUL</b> Fearful of intimacy Socially avoidant

*Figure 1. Model of adult attachment.*

Antisocial personalities view others as “suckers” or “marks” and themselves as “superior” (Lester, 2014, p. 40), whereas narcissists perceive others as “inferior underlings” and themselves as “special, exempt, entitled” (Ibid, p. 59). Thus, in relationship with such individuals the attachment-related trigger to violence generally involves feelings of being robbed of their majestic autonomy.

Returning to Bartholomew and Horowitz’s (1991) fearful model of attachment, it is important to understand that internal mental representations (also called “models” or “working models”) have unique underlying neural substrates. That is, the internal representations powerfully influencing our perceptions and behaviors are mediated by underlying, latent somatosensory configurations.

The contour and shape of this underlying neurocircuitry evolve through learning—an accretion of thousands of interactions with caregivers, siblings, friends, and others throughout a child’s development, encompassing periods particularly sensitive to certain types of learning (Kandel, 2007).

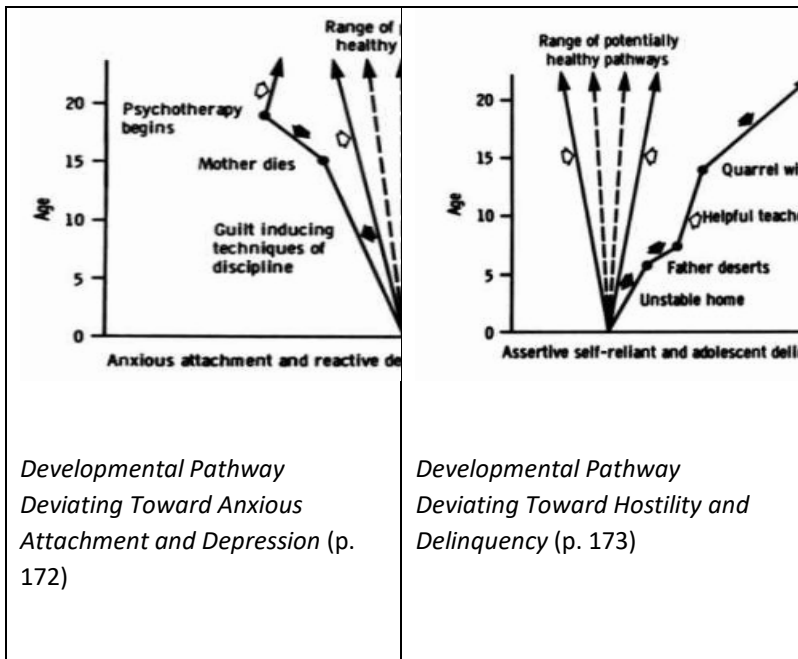
Because these feeling states are either preverbal or, quite often, defensively excluded from conscious

awareness, they are not remembered as would be the case with autobiographical memory; rather, they are triggered as procedural or, worse yet, as traumatic memory fragments and negative feeling states. Thematic similarities to such memory fragments in adult family life activate these latent profiles, and infantile feelings of emptiness or rage can abruptly infuse the perpetrator's entire perceptual experience.

Object relations theorists have added much to our understanding of this phenomenon. They viewed the rage of an infant engulfed by an emotionally smothering mother or, conversely, abandoned by an emotionally distant mother as the prototype or blueprint for all later relationship dynamics (Mahler, Pine & Bergman, 1975).

When things go wrong at this vulnerable early stage of life, a deviant developmental pathway forms and deepens into the child's life and personality, as established patterns of relating are repeated and a path of life becomes more and more engrained.

Bowlby (1988) illustrated this developmental metaphor as follows:



The childhood experience of self in relationship stocks one’s storehouse of procedural memory, which operates pervasively—sometimes insidiously—outside conscious awareness (Amini, et al., 1996; Gabbard, 2000).

Research has demonstrated two particularly sensitive neurodevelopmental periods in childhood: one between the ages of 3 and 5 years, and the second between 11 and 13 years (Giedd et al., 1999; Geidd,

2008), during which maturational processes sensitize genetic expression in response to experiential learning.

These maturational processes result in an over-proliferation of neuronal connections—an *exuberance*, as some scientists call it. This synaptogenesis, the growth and increase in connections between nerve cells, constitutes the biological basis of long-term memory/learning and human individuality (Kandel, 2007, p. 214).

Within this over-proliferation of neuronal connectivity, frequently used networks gain strength: *Neurons that fire together wire together*. Conversely, neglected networks atrophy and disintegrate: *Use it or lose it* (Teicher, Samson, Sheu, Polcari, & McGreenery, 2010).

Neural pruning processes sculpt attachment experiences within the distributed nervous system of the growing child, reflecting optimal adaptation to the individual's unique relational environment (Edelman, 2003). This “neural sculpting of the self” (Costello, 2013, pp. 43-68) involves the underlying processes related to proximity seeking.



## **HOSTILITY IN THE HOME MEDIATES THE DEVELOPMENT OF TYPE I BATTERERS**

During sensitive periods, parental hostility or aggression toward or around a child with an externalizing temperament may set up a malignant developmental path. This path begins with an angry child who demonstrates symptoms of conduct disorder in childhood and adolescence, and ends with full-blown antisocial personality disorder in adulthood. For such children, hostility breeds hostility (Millon, 1985)

In its pure prototypical form, people with antisocial personality disorder eventually “arrogate to self a sense of magisterial self-sufficiency” (Millon, 2011, p. 444). This aggrandized, autonomous self-image carries with it a disdain for the ordinary person and society, whose rules don’t apply to the antisocial personality. Such people value devious and domineering behavior *without a conscience* (Hare, 1993; Millon, 2011, p. 444; Stout, 2006). Their disregard for the rights of others stems from an embedded potentiation toward extreme autonomy.

The antisocial and the narcissistic personalities both find their reinforcements in life by looking to self

with a clear disregard for the rights of others; for that reason, the two are easily confused with one another.

However, in the context of relationship conflict, the antisocial is usually much more aggressive and will engage in *actively* devious public humiliations meant to shame and punish the perceived attack; whereas, the narcissist will, if given time, resort to a more *passive* but ingenious method of rationalization which interprets all circumstances as just another example of their superiority and blamelessness in the relationship.

Nevertheless, a window of high risk for violence does exist with narcissists. It opens when they are not given time to concoct a self-protective spin on events, or when their admirable to wonderful self image is abruptly shattered. Whereas hostility characterizes the childhood emotional nutriment of the antisocial personality, parental doting and over-indulgence characterize that of the narcissist (Millon, 2011; Millon & Everly, 1985)

The antisocial personality, in general, heavily populates the Type I Antisocial Batterer prototype. In discussing personality it is important to recognize that, especially when extremes of personality result in

dysfunction or distress, one's personality emerges as an adaptation to one's childhood experience.

Thus, every personality type will either range from highly flexible and adaptive, functioning across a broad range of human relations and society; or it will emerge as a rigid survival mechanism that enabled the child to live through infancy, middle school, and adolescence.

Thus, the innately forceful or, even, aggrandizing personality can fully contribute and offer value in the family and society; however, under adverse circumstances this same person can develop into a devious or even degenerate antisocial personality.

In its malignant form, antisocial personalities view interpersonal relationships through the lens of power and control—where abuse, intimidation, coercion, and threats occupy center stage of their relations with their spouses and children.

## **TYPE II: BORDERLINE DYSPHORICS**

Borderline batterers have a relational attachment system which easily triggers dysphoric feelings of emptiness and rage. For these batterers, primitive defense mechanisms such as denial, splitting, projection, and blame prevail (Dutton, 2012). These intense feelings (and the action potentials associated with them) are “state-dependent,” activated reflexively, without conscious awareness. As such, they lead to scripted, impulsive acting out (Siegel, 2012, p. 129). In the context of the cycle of violence, when feelings of emptiness and dysphoria combine with a threat of abandonment, the borderline batterer’s shaky foundation crumbles, leading to abrupt violence upon the mate, or even upon themselves through suicide attempts.

I previously referenced an excellent example of a borderline/histrionic personality in one of our Family Law Court’s cases in May, 2016. Both parties appeared without counsel, and the court had to determine whether or not a Permanent Restraining Order should issue. The following dialogue illustrates the state of mind and consequent behavior of a Type II, Borderline

Dsyphoric Batterer. Apart from his jealousy and fear of abandonment, he likely lived a very sociable, if somewhat shallow, life; but in the throes of rejection by his significant other it was clear he devolved into violence. He would probably be categorized as anxiously attached. Note, too, that alcohol was involved, as well:

We had drinks and ... I pleaded with her, "We have to resolve this," and I did punch the window.... I punched the window [shattering it with his body-builder fist] in reference to say, "Listen. We need to talk about it," because I wasn't mad. I was crying. I was pleading with her. She would just have a nonchalant attitude. (Court Transcript, May, 2016)

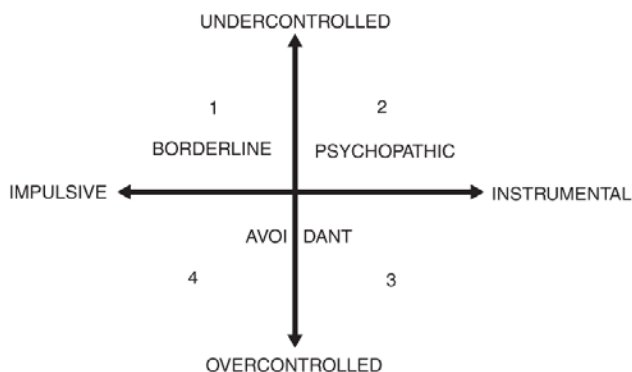
In this short excerpt from the court transcript the respondent displays an anxious state of mind with regard to attachment, demonstrated by amplified emotion in connection with relational stress; and the petitioner indicates an avoidant state of mind, shown by her "nonchalant attitude." Add drinking to the mix and things can, and did, get violent.

More than that, however, the respondent also exhibited signs of a borderline personality structure.

Key features of this personality involve a diffuse sense of self filled, as it were, with another person; and a regressive coping style of dealing with fear of loss of a partner, which can result in a rage reminiscent of what we see with young children in response to separation from their mothers (Clarkin, Caligor, Stern, & Kernberg, 2003; Dutton 2007; Hörz, Stern, Caligor, Critchfield, Kernberg, Mertens, & Clarkin, 2009).

The couple I described above exhibited both the under-controlled style of the borderline and the over-controlled style of the avoidant. At one point in the hearing the respondent described how he lost control because the petitioner wouldn't talk to him, grabbing her by the throat before he even knew what he was doing and then beginning to cry. This was a hulking man with huge, body-builder muscles. She exhibited the over-controlled, avoidant, "nonchalant" behavior. It came out in the hearing that she had been arrested on an earlier occasion, having lost control of her normally nonchalant self and scratched the respondent on the chest, resulting in her arrest and a 5-day stay in a San Bernardino jail.

Dutton (2007) utilized the following chart to describe these batterers:



**FIGURE 1.1.** Two-dimensional representation of intimate abusiveness. 1, also called emotionally volatile<sup>21</sup>; 2, also called antisocial or sociopathic; 3, 4, avoidant personality loads highest on dominance/isolation.

## **TYPE II: PIT BULLS AND PASSIVE-AGGRESSIVE**

### **DEPENDENTS**

Type II Pitbulls and Passive-Aggressive personalities live with severe internal conflict. They want and need love and intimacy, but cannot satisfactorily balance this desire with competing wants and needs for autonomy and control.

Of course, everyone must deal with the conflict of balance between self and others; but for Type II

Batterers the internal struggle is quite pronounced. The intolerable pressures produced in these people's lives results in violence.

For the passive-aggressive personality (now called negativistic by some researchers) this limbic irritability combines with a view of self as mistreated or misunderstood in life and relationships. This creates confusion and anger for such people, their deep concern for how they are perceived by others conflicting with a contrasting view of themselves which dictates they should not be upset about what their mate thinks. Hence, the negativistic passive-aggressive dependent's intrapsychic conflicts fuel the fires of relational tension and buildup in the cycle of violence. (Millon & Everly, 1985)

The compulsive pit bull, on the other hand, experiences the same basic, potentially explosive feelings as the negativistic personality, but represses such feelings with an iron will masquerading as an inflexible righteousness. This personality learned through parental overcontrol to keep anger in and never express it. Such people claim not to be angry when undeniable signs of an underlying smoldering powderkeg crack through the surface veneer.



Unfortunately, the self-other intrapsychic conflict described above also fuels the fires of the cycle of violence, and eventually erupts in untoward physical behavior. Often, the first time it happens both parties are shocked because the over-controlled, self-righteous personality (and often their mates as well) are completely unaware of underlying intrapsychic motivations and conflicts.

As with the Type I forceful personalities, Type II personalities in their different forms are capable of a great deal of good when their childhood adaptations to adverse circumstances are understood, and their survival energy is channeled into prosocial pursuits.

### **TYPE III: SITUATIONAL FAMILY-ONLY BATTERERS**

Unlike the Type I and Type II offenders described above, Type III batterers have more “normal”-appearing but insecurely attached personalities. As such, the violence in their families tends to be sporadic and situational (e.g., in response to a recently discovered affair, or being served with divorce papers). The most prevalent factor informing violence in these families or intimate relationships

appears to be insecure attachment, where the violence is protest behavior over a partner's perceived emotional pulling away. The same dynamics outlined above for the more pathological variants of the personality spectrums exist here, as well, but to significantly lesser degrees.

Generally, the cycle of violence doesn't appear in Type III cases. The underlying dynamics fueling the cycle of violence generally are not present in Type III personalities. Type III batterers will generally appear within the normative range on personality tests. Their use of coping mechanisms tend more toward functional and adaptive, rather than toward such maladaptive defenses as *projection* and *splitting* (p. 809) where perpetrators convincingly blame their partners for even their own internal states of disquietude (Type I, Narcissists and Antisocials).

### **ATTACHMENT INSECURITY AND TYPE III BATTERERS**

I facilitated both men's and women's 52-week batterer classes during 2015 and 2016, during which I conducted several informal studies of attachment, substance use, and the presence of childhood trauma in

the lives of participants. The classes were comprised of mostly low-level (misdemeanor) offenders I would categorize as Type III batterers.

Almost without exception, every one of these men and women demonstrated insecure attachment, had an underlying history of extreme adverse childhood experiences, and had been under the influence of drugs or alcohol at the time they picked up their respective cases.

## **CONCLUSION TO PART II**

Recognizing some of the psychological dynamics underlying violent behavior should bring greater clarity and understanding to fact patterns that lawyers and judges encounter in the course of their work with DV cases.

In the next section I will outline some of the more salient effects of domestic violence upon children, along with etiological and treatment considerations which should help judges and lawyers when deciding how best to help children exposed to and victimized by domestic violence.



## **PART III**

### **EFFECTS OF DOMESTIC VIOLENCE**

#### **ON CHILD DEVELOPMENT**



## **AN INTRODUCTION TO DEVELOPMENTAL PSYCHOPATHOLOGY**

Before studying developmental psychology, I was only vaguely cognizant of the differences between babies and toddlers, between toddlers and school-aged children—who, in turn, are different from teenagers, young adults, middle-aged adults, and seniors. This section will build on that basic awareness most of us have regarding human growth and change, to provide a foundation for gaining a deeper understanding of the effect of domestic violence on the developmental process, itself.

### **THE ACE STUDIES, AND A PARADIGM SHIFT FROM DISEASE AS INFECTION TO DISEASE AS DEVELOPMENTAL PROCESS**

Until the publication of the DSM-5 in May, 2013, etiological formulations of mental illness relied largely on 19<sup>th</sup>-century germ theory: mental disorders were viewed as foreign, malevolent invaders (APA, 2004, p. xxxi; Sroufe, 1997). Contemporary convergent research

has largely rejected germ theories of mental disorders<sup>7</sup>, in recognition that dysfunctions of the mind are more generally “progressive, dynamic, [and] unfolding” (Sroufe, 1997, p. 252). By 2013 the DSM-5 adopted a new view of mental disorders as “developmental processes” which manifest across the lifespan (p. 13).

This conceptual framework for understanding mental disorders favors a developmental context, where disorders arise out of evolutionary adaptation to environment over time (Bowlby, 1988, pp. 172, 173).

## **EVOLUTIONARY METATHEORY**

When clinical psychologists and scientists speak about evolutionary adaptations, they are saying that our nervous systems—which mediate perception and behavior—are the product of a long history of adjusting to change. This history has resulted in the reproduction of genetic codes which, through natural selection,

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<sup>7</sup> It is interesting to me that the germ theory seems to build on ancient religious views of mental disorders as demonic possession, in that both theories involve an invasion of foreign, malevolent forces.

provided a reproductive advantage relative to a hunter-gatherer context.

This genetic code developed its set-points for initiating the biological processes of life within an evolutionary environment in some ways quite different and, in other ways, similar to our current environment (Dawkins, 1976).

For example, consider the problem of prejudice through this scientific evolutionarily informed lens. Small hunter-gatherer tribal societies came to view the very sight of anyone outside the tribe as a prelude to war, loss of hunting grounds, or infectious disease. Over the evolutionary course of natural selection and reproduction, a genetic code developed that sounds a “fire alarm” when we encounter someone outside our established tribal relationships (Neurberg & Schaller, 2015)

No longer hunter-gatherers, differences between groups do not necessarily predict war, starvation, or infectious disease; however, we all harbor in our DNA certain perceptual tendencies (implicit biases)—evolutionary adaptations embodying hunter-gatherer survival biases.



The far-reaching implications of the idea that the human nervous system developed solely for the relatively simple challenges of hunting and gathering food and maintaining the integrity of the tribe, are that our nervous systems are crude for the social sophistication and nuance necessary for successful modern life (Scheiner & Evans, 2003, p. 306).

Several researchers have written extensively about our antiquated nervous system operating amid the peculiarities of modern life (Amini, Lewis, & Lannon, 1996, pp. 217-218; Jablonka & Lamb, 2005; Liotti & Panksepp, 2004, p. 52; Porges, 1997, 2009; Simpson, 2008; West-Eberhand, 2003, pp. 29-34). For example, although a full blown fight-and-flight response to an ex-wife's sarcastic remark about one's parenting skills might reflexively flow from a genetically-engineered hunter-gatherer alarm system, such a response would not be adaptive today.

### **DEVELOPMENTAL PROCESSES OCCUR ALONG AN EXPECTABLE COURSE**

Fundamentally, any significant developmental "change is constrained by prior adaptation" (Sroufe,

1997, p. 254). An infant born into a family where violence, anger, and extreme commotion are the norm embarks upon a developmental path which becomes increasingly hard to change. Millon (2011) similarly wrote that “current thinking in the field suggests that most pathological behaviors accrue gradually through repetitive learning experiences” (p. 104).

This understanding was not the majority view as recently as 2004; it is now the dominant view among psychologists, psychiatrists, and research scientists, as demonstrated in the incorporation of a developmental lifespan view into the DSM-5 (2013).

This view was validated by the long-term Adverse Childhood Experience (ACE) study of nearly 20,000 middle-aged, middle-class Americans, evaluating their current health condition against 10 types of adverse childhood experiences occurring, on average, 50 years earlier.

The ACE study grew out of the failed Kaiser Permanente *Positive Choice Weight Loss Program*. The program began in 1980 under Dr. Vincent Felitti, head of Kaiser’s Department of Preventive Medicine in San Diego, California, to serve the many Kaiser members

suffering from obesity-related health issues such as diabetes and heart problems.

The program had used “Supplemented Absolute Fasting” with seemingly miraculous results. However, in spite of the typical dramatic outcomes depicted in the following picture, all was not well.

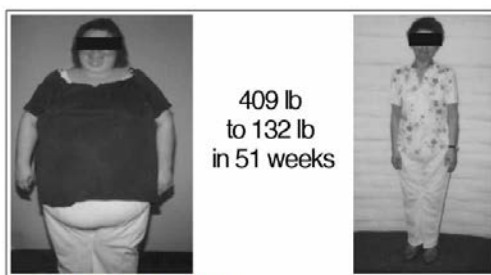


Figure 1. Patient who lost 277 lb in 51 weeks

*Figure 2.35. Adverse Childhood Experience (Ace) Study Demonstrative. Adapted from Felitti, V. J., Jakstis, K., Pepper, V., & Ray, A. (2010). Obesity: problem, solution, or both?. The Permanente Journal, 14(1), 24, p. 26.*

Of 400 weight-loss patients in the study, only 45% who began the program actually completed it. Finishers did, in fact, lose on average 83.9 % of their excess weight; however, within 30 months of losing the

weight, 100% of these patients had gained back 59 to 82% of that weight (Hovell et al., 1988).

This dual problem of attrition and relapse led Felitti and his colleagues to conduct another large study to determine why 55% of these patients were dropping out and the rest gaining all their weight back. They found a shocking correlation. Almost all of their patients were survivors of Childhood Sexual Abuse (CSA) and severe household dysfunctionality (Felitti, Jakstis, Pepper, & Ray, 2010, p. 26, referring to Felitti's 1991 study correlating incest, rape, and molestation to adverse adult health and relationship outcomes, including obesity).

Felitti's results clashed with established paradigms of causation, resulting in harsh criticism from his colleagues at the North American Study for the Association of Obesity in 1990 when he shared his study results with them.

However, attending Felitti's presentation in 1990 was Robert Anda, an epidemiologist with the Center for Disease Control (CDC). Anda was impressed with Felitti's work, and the two of them began collaborating on what would become the Adverse Childhood

Experiences Study (ACE study) (van der Kolk, 2014, p. 144).

The takeaway finding from the Adverse Childhood Experiences (ACE) studies is that chronic adult medical diseases correlate with exposure to adverse childhood experiences. *Compulsive* behaviors associated with chronic disease (e.g. overeating, alcohol consumption, drug use, and smoking) serve *counterbalancing* emotionally regulating or affective homeostatic purposes for such patients (Felitti, Jakstis, Pepper & Ray, 2010, p. 24).

In lay terms, people overeat, drink too much, smoke, and engage in other health undermining behaviors because it helps them feel better. At the time of the initial ACE study in 1998, the relevance and long term consequences of child abuse were largely unknown by the medical community (Felitti et al., 1998, p. 246).

Because the study was conducted by Kaiser Permanente, the ACE researchers had access to an unusually large population of patients, as well as the patients' corresponding "medical history, laboratory results, and physical findings" (p. 247), resulting in very persuasive findings.

This new paradigm for understanding mental disorders (Kuhn, 1970) had clear roots in Freud's emphasis upon the impact of childhood upon adult personality, and Selye's (1956) concepts of autonomic function and his General Adaptation Syndrome of stress. Recent research regarding the correlation of childhood trauma exposure and subsequent substance and alcohol use disorders continues to build upon this new paradigm (Brown & Wolfe, 1994; Johnson, Cottler, Callahan, O'Leary, & Abdallah, 2010).

Conceptually speaking, witnessing Interpersonal Partnership Violence and/or Domestic Violence in early childhood disrupts a child's developmental pathway, pushing it outside Bowlby's (1988) normative range. This, in turn, leads to the development of a number of chronic conditions.

Felitti et al. (1998) illustrated this process with the following pyramid:

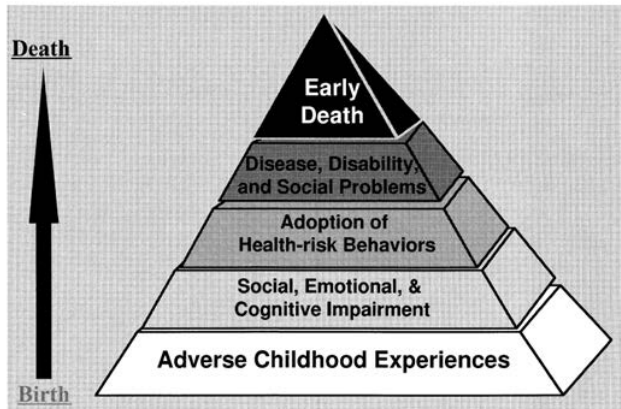


Figure 2. Potential influences throughout the lifespan of adverse childhood experiences.  
(p. 256)

*Figure 2.36. Felitti's Adverse Childhood Events (ACE) Pyramid. Adapted from Felitti, M. D., Vincent, J., Anda, M. D., Robert, F., Nordenberg, M. D., Williamson, M. S., ... & James, S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258, p. 256.*

Domestic violence impairs normal development of social, emotional, and cognitive function including autonomic, hormonal, and other neurobiological regulatory functions. Such dysregulations naturally lead to compulsive behaviors that, in the long run of the

human lifespan, undermine health and wellbeing (Anda, et al., 2006; Everly & Lating, 2013; Lanius et al., 2014).

**OBJECTION: I KNOW PEOPLE WHO WERE EXPOSED  
TO DV IN CHILDHOOD, AND THEY'RE JUST FINE**

“What about people like me? My Dad hit my Mom in front of me and my brothers, but we all turned out just fine.” Good point. Not everyone exposed to DV develops problems of the sort I am describing when they reach adulthood. However, that does not mean that childhood exposure to DV is remotely tolerable.

Bowlby (1973) answered this question as follows:

Why some individuals should recover, largely or completely, from experiences of separation and loss while others seem not to is a central question, but one not easily answered. In living creatures variation of response is the rule and its explanation is often hard to fathom. Of all those who contract poliomyelitis less than 1 per cent develop paralysis, and only a fraction of 1 per cent remain crippled. Why one person should respond one way and another remains obscure. To argue that, because 99 per cent recover polio is a harmless infection would obviously be absurd. Similarly, in the field under



consideration, to argue that because most individuals recover from the effects of a separation or loss these experiences are of no account would be equally absurd (p. 4).

## **CONTINUITY AND CHANGE IN DEVELOPMENT**

*"Representation is a Carrier of Experience"*  
(Sroufe, Egeland, Carlson, & Collins, 2005, p. 236).

*"The ego's relation to the id might be compared with that of a rider to his horse. The horse supplies the locomotive energy, while the rider has the privilege of deciding on the goal and of guiding the powerful animal's movement. But only too often there arises between the ego and the id the not precisely ideal situation of the rider being obliged to guide the horse along the path by which it itself wants to go"* (Freud, 1933, p. 77).

The preceding quotes, combined, articulate a key mental dynamic of our sense of continuity and change as developing people. Mental images facilitate the sense that, although I am totally different from the ten-year-old, 5<sup>th</sup> grade boy I was, playing with a chemistry set in the garage, I feel that who I was then and who I am now are both "me."

What capacity allows me to direct my course of life, set goals, and monitor and master my own behavior? And what other capacity enables me to

overcome potentially destructive impulses of the id, as Freud put it?

Both of these capacities—to plan and direct my life and to manage my impulses and desires in keeping with that plan—involve the ability to visualize and keep in mind internal representations of myself, of others, and the world.

Self-image and self-perception involve internal representations that carry childhood experiences forward with me into my future as an adult. These representations are subject to modification with further experience. This is why an insecure child can become a secure adult, especially if he or she marries a secure mate. The new experience in relationship heals the old.

Bowlby and other attachment researchers and theorists call these representations of self in relationship with others *internal working models* (IWMs), and they appear to be the key to why we behave as we do in intimate relationships and when we suffer loss of loved ones in death or divorce:

The ‘internal working model’ is a mental representation of an aspect of the world, others, self, or relationships to others that is of special relevance to the individual. This model is an integral component of the attachment behavioral

system; it guides appraisals of experience and guides behavior (Bowlby, 1982, 1973). Like Piaget's object concept, 'internal working models' are not merely 'pictures' or passive introjections of the object of past experience. They are active constructions and can be restructured. Reconstruction of early internal working models is difficult, however, since internal working models, once organized, tend to operate outside conscious awareness and resist dramatic change (Bowlby, 1980)." (Main, Kaplan, & Cassidy, 1985, pp. 68-69)

## **LIFESPAN EPIGENETIC PSYCHOSOCIAL DEVELOPMENT**

Erickson (1987) theorized seven stages of psychosocial development. Each earlier stage lays down a more or less firm developmental foundation for subsequent developmental stages. For example, the first stage of life involves the development of an internal representational system characterized by basic trust versus basic mistrust.

This basic trust lays the foundation for further normative development. To the internal secure representational system of basic trust, the child adds a further internal working model (IWM) of self-governing

autonomy. Lacking such trust in caregivers and the world, the stage is developmentally set for a child to add shame and doubt to a foundation of mistrust. As the child enters toilet training and other socialization efforts, deep-seated views of self and others result in risk factors for maladjustment and eventual psychopathology.

Early on, the child's relationships with parents form the most important experiential basis of these internal representations of self and others. Later, peers become the central source of experiential input. Later still, in adulthood, romantic relationships take center stage in forming one's IWMs of self, others, and the world.

## **INTERNAL WORKING MODELS AND THE ADULT ATTACHMENT INTERVIEW**

IWMs influence a person's memory, perception, and language. These influences are apparent through the Adult Attachment Interview (AAI)—the gold standard in determining adult attachment style. The AAI has excellent psychometric properties, yields extremely rich content, and is not particularly susceptible to

deception. Its main drawback is that learning how to score the AAI can take up to two years.

Having been certified to score AAIs some time ago, I have found in my practice that individuals who test as “secure” on the AAI demonstrate flexible access to their childhood memories and the ability to collaboratively and coherently engage in the interview and answer the questions put to them.

Those who test as “avoidant” tend to have little memory of childhood events and demonstrate a shutting down of the topic either through outright blocking of discourse or through vague, unconvincing, idealistic depictions of their childhood relationships with their primary caregivers.

Conversely, those who test as “anxious” on the AAI tend to present with a lack of emotional containment, tending toward angry preoccupation. Additionally, anxiously attached persons tend toward verbosity and, when their language is analyzed, decidedly incoherent.

Research studies of attachment style and language have demonstrated a robust association between identifiable psycholinguistic features in AAIs and underlying IWMs of attachment that govern subject

experiences of relationship and behavior (Hesse, 1996, 2008). For instance, the AAI defines *coherence* psycholinguistically per Grice's (1975) four maxims of collaborative discourse:

1. Quality: "Be truthful, and have evidence for what you say;" 2. Quantity: "Be succinct, and yet complete;" 3. Relation: "Be relevant to the topic as presented;" and, 4. Manner: "Be clear and orderly" (Hesse, 2008, p. 557).

In the Type II case study #1 (Page 47), the perpetrator violated Grice's maxim regarding truthfulness—he denied he was angry, although he had been crying while choking his girlfriend in the car. When asked about what had happened, he rambled on at length about how his girlfriend had cheated on him. His ramblings failed to answer the question, counter to Grice's maxims about relevance and quantity. He meandered widely in his answer, violating Grice's maxim regarding clarity and orderliness. Thus, on an AAI he would most likely have tested as anxiously preoccupied in terms of his attachment style.

## **PART IV**

### **EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN AND SOME TREATMENT RECOMMENDATIONS**



## SEVERE CHILDHOOD EXPOSURE TO DV, AND ADULT DISABILITY

With my first book, *Treating Complex Post Traumatic Stress Disorder (PTSD): One Woman's Heroic Journey* (2016), I explored why traumatized children grow up to become disabled adults. The answer involved the pathway metaphor of human development described above. Early derailment from normative human development results in progressively greater departures from normal adaptive adult capacities (Bowlby, 1988; Sroufe, 1997).

Domestic violence has a snowball effect on a growing child's choice of coping strategies. Secure children have deeply embedded, preverbal neurobiological structures of mind informing their implicit memories. Such children *know* they are worthy and esteemed by others. This knowing self-worth produces self-esteem<sup>8</sup> at every subsequent stage of life.

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<sup>8</sup> Self-esteem is a "self-reflective assessment of one's overall value" (Pysycynski, Sullivan & Greenburg, 2015, p. 283). As such, *self-esteem* probably captures an emotional condensation. When asked about one's self-esteem, what emerges into an answer is a general impression or *gestalt* related to a feeling of success or failure of one's motivational matrix in life to date. In this regard researchers have distilled human motivation to three categorical domains of adaptation loosely relating to the world, self, and others including:



The foundation of this social competence lies in repeated early interactions with the mother or primary caregiver (Schore, 1994). A failure at this level involves basic foundational deficits that interfere with normal learning and growth. However, treatments for such problems do work. For example, Schwarz, Corrigan, Hull, and Raju (2017) recently outlined a mind-body treatment model that my wife, Dorothy Husen, uses successfully to heal her patients' childhood attachment injuries.

Mind-body therapy tends to help such patients most because the underlying internal working models are all preverbal. Preverbal attachment experiences are difficult to reach in traditional talk therapy because the memory operates outside the confines of conscious awareness, in deeply embedded synaptic structures of the infant's mental apparatus.

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1. **Epistemic Motives** (involving a drive to understanding one's *umwelt*—or, environment). Understanding one's *umwelt* leads quite naturally to more effective living; 2. **Effectance Motives** (involving a generalized desire for competence, or, what Bandura and Wood (1989) described as "people's beliefs in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over events in their lives;" and 3. **Social Motives** (including attachment and other relational needs to belong and valued by the group, tribe, nation, and so forth.

## **EFFECTS OF DV ON THE INFANT**

Beyond the obvious harm associated with physical injury by way of collateral damage, and beyond the neuroendocrinological havoc wrought upon the developing infant's stress response system described above (Perry, Pollard, Blakely, Baker, & Vigilante, 1995; Shonkoff, Boyce & McEwen, 2009; Townsend, Eliezer, & Major, 2013, p. 386; Wieck, Grassi-Oliveira, Hartmann do Prado, Teixeira, & Bauer, 2014), the impact of DV on the baby's mother or primary caregiver most certainly, if indirectly, harms the developing infant.

Winnicott's (1975) pithy statement about there being "no such thing as a baby" (p. 99) emphasizes the infant's vulnerability, because a baby cannot survive without being cared for by someone. Any treatment for a baby, beyond removal from a dangerous environment, necessarily focuses on the child's primary caregivers.

Bogat, Levendosky, von Eye and Davidson (2011) pointed out that when a woman is pregnant her internal representations of who she is as a person, mother, and as someone who will need to rely on others becomes very plastic. Pregnancy catalyzes change

during pregnancy because it is a time when “women are forming and reorganizing representations of themselves and their infants.”

The mother’s representations of self and in relationship to the child impact her behavior toward the child. Additionally, PTSD and other unresolved loss and trauma interfere with the attuned and sensitive caregiving an infant needs. DV undermines a victim’s ability to be present and to sensitively attune to the child’s emotional needs. This lack of attunement leads to insecure attachment for the infant (Hutch-Bocks, Earls, & Latack, 2011)

To illustrate a DV victim’s needs for help with her internal working models of self and the child, consider the following answers given by a young mother subjected to DV during pregnancy. Note how her unresolved issues with the father/perpetrator affect her perception of the child. Note, too, how this mother’s understanding of the child’s mind reveals significant and serious distortions of reality: she attributes motives to the child which an infant his age would not be capable of for at least another year or two:

**Interviewer:** Pick five words to describe your child's personality.

**Angela:** Oh! That's hard ... James is stubborn, difficult, pushy, and playful ... that's all I can think of.

**Interviewer:** Okay, for each one, what makes you say that?

**Angela:** Well, stubborn because he always wants his way, doesn't want to make anything easy, ya know? Just wants things right away and only his way, I'm not sure why, but ... maybe babies are just like that, but James seems more so. **[See Note 1, immediately following]** Umm ... difficult for the same reason probably. He doesn't make anything easy for me ... actually, it's really hard having a baby, with work and being a single parent and all ... I mean, I'm really glad he's around 'cause I love him, but I do worry about him too, ya know, ending up like his dad or something ... **[See Note 2, immediately following]**

**Interviewer:** And pushy?

**Angela:** Well, that's his dad, for sure. Pushing everyone around, trying to intimidate people, ya know ... who does he think he is? I could only take so much and that was it ... but anyway, James just gets pushy and angry, and sometimes he seems like he just wants to hurt me, that's all. **[See Note 3, immediately following]**

*Interviewer:* Playful?

*Angela:* Well, he is that too, ya know, he likes to play with his toys, no doubt about that, always trying to get me to play with him too .... **[See Note 4, immediately following]**

*Interviewer:* Who do you think your baby is most like?

*Angela:* Oh . . . probably his dad, but I hope not. He is sort of bullheaded like his dad and emotional, getting irritated out of nowhere, nothing is ever good enough for him! Sometimes he wants to sit in my lap and just relax and then BAM! He wallops me good for not paying enough attention to him or something. I guess he's most like his dad, that's all. My mom says he's just like me, but I don't know what she's talking about. **[See Notes 3 and 4 Below]**

*Interviewer:* How would you describe your relationship now with your baby?

*Angela:* Pretty good ... close, you know, we've had to be close and I guess we've bonded over these things with his dad, too. Don't get me wrong, we can sure get into it sometimes and he drives me nuts sometimes, but we also look out for each other. You know, check in on each other every now and then. I think we'll be close for a long time, too . . . as long as he behaves and all ... gotta get him back on track with that. **[See Notes 1 through 4, below]**

*Interviewer:* What behavior of James is the most difficult thing for you to handle?

*Angela:* Umm ... his crying probably ... just when he gets real fussy and I can't do anything about it, ya know? It's like he goes on and on and I'm like "c'mon little guy! Mom is trying everything!" and nothing works! Yeah, his crying .... Oh, but also his tantrums too, I forgot about that! When he lays on the floor and just kicks his little legs and waves those arms so angry!

*Interviewer:* Can you give me an example?

*Angela:* Well, like the other day, just out of nowhere, I'm sitting there making dinner and he comes in and pulls on my shorts crying and I'm like "what? It'll be ready in one minute, hang on," but he keeps going on and on even though he had his bottle, so I don't know what was wrong. And then he full out starts screaming and pounding on my leg ... yeah, that's a good example ... just had to walk away, ya know?

*Interviewer:* Why is this difficult?

*Angela:* 'Cause there's really nothing I can do about it, it's just the way he is ... and it's like don't hurt me for nothing!

*Interviewer:* What do you feel like doing when he behaves like that?

*Angela:* Usually I just want to walk away, disappear or something for a minute to calm

down and figure things out ... I usually just end up walking away, take a breather, ya know?

*Interviewer:* Do you think your child knows you don't like that behavior?

*Angela:* Umm ... I have no clue. Probably not, well, maybe ... not sure about that one ...

*Interviewer:* Why do you think he acts like that?

*Angela:* 'Cause he likes attention I guess ... or maybe he's hungry or something.... I don't know, he's a tough one to figure out! **[See Note 5, below]** (Quote is from Hutch-Bocks, Earls, & Latack, 2011 using the Working Model of the Child Interview (WMCI). For the WMCI see Vreeswijk, Maas, & van Bakel, 2012).

**Note 1:** Angela would certainly benefit from meeting with other mothers in a supportive environment, where her experiences with her child could be better contextualized as other women help her understand James' actual developmental needs and cognitive capacity at the age of one year. At one year a child is still in the symbiotic stage where egocentrism and a deep need to be valued by the primary caregiver is key to developing basic trust.

**Note 2:** Here, Angela's discourse indicates an unresolved anger toward the father/perpetrator, a self-

other intrapsychic conflict associated with her underlying anger with the father (she blames him for difficulties she attributes to single motherhood), her unacknowledged resentment toward the child and her duty as a mother, and her determined choice to love the child in spite of it all. Here, treatment for the mother would perhaps focus on taking greater responsibility for herself and her child's future, working through the trauma and, again, finding social support.

**Note 3:** It is fascinating to see the mother shifting back and forth between her view of the father, whom she views as “pushy,” and her 1-year-old baby boy she also thinks is “pushy.” She seems to hold the view that the father is in the baby, exhibiting this trait. This view, quite interestingly, impacts the way she behaves toward the child; and her behavior toward the child creates interactional patterns. The child at one year has minimal reflective capacity—according to Piaget children don't develop the capacity to reflect until about 18 months (Flavell, 1963).

This means that, at one year, James must rely upon Angela's everyday guidance. Her judgment of him as “pushy” because his father is within him must be frustrating and confusing for this preverbal infant, and



quite naturally would evoke protest behavior which Angela interprets, again, as pushiness. This interactive pattern, repeated thousands of times over the next several years, predisposes James to developing such behavior problems as oppositional defiance disorder, conduct disorder and, ultimately, antisocial personality disorder (Eddy, Leve, & Fagot, 2001).

**Note 4:** Here, I would predict that James will develop an avoidant attachment style given that his mother appears to be avoidant. The tone suggests that she views James' efforts to *always* get her to play with him as unreasonable. This view or state of mind carries with it a rejection of the activity (and, ultimately, of him). By 18 months, if James were tested through the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978), it is likely he would neither cry when his mother left the room nor be particularly moved when she returned. However, his play would be impoverished for lack of social referencing with his mother, setting up a potentially lifelong pattern of mistrust in the love and good will of others in all domains of life.

**Note 5:** Here, it is clear that Angela is confused about why her son cries and why he gets angry. Her response appears to be such frustration that she has to

walk away in exasperation—perhaps to avoid hitting him? A therapist could help her learn to better interpret her son’s preverbal communications. Without help, and considering Angela’s inability to properly interpret and sensitively respond to her son’s communications (crying and hitting), their interactional patterns could be expected to be embedded in the structure of James’ mind, *neurally sculpting* his attachment system into an angry, avoidant child (Costello, 2013).

At this stage, the treatment for a child exposed to DV would involve the relational dyad between mother and child. In addition to the specific issues identified above, treatment would address both Angela’s need for social support and for education about her son’s developmental needs and capacities—now and as he continues to grow up.

Therapeutic change includes modification of both the mind and behavior—that is, Angela’s internal perception of herself and her son guides and governs her behavior toward him. As outlined above, Angela tends to transfer her conflict with her son’s father onto her son where, in her mind, she confuses the two and attributes behavior and motives to the son which really

belong to his father (Benoit, Zeanah, Parker, Nicholson, & Coolbear, 1997; Bretherton, 1985).

## **EFFECTS OF DV ON THE YOUNG CHILD**

*“Even a child is known by [his/her] doings”*  
(Proverbs 20:11).

Three principles established in the literature regarding the impact of DV on children include:

1. Earlier exposure is more harmful than later exposure. This is related both to the relative maturity of a developing child's nervous and cognitive-perceptual system, and the fact that early development derailing results in larger deviations from normal outcomes (Holden, Stein, Ritchey, Harris & Jouriles, 1998).

2. Exposure to severe or extreme levels of DV are more harmful than less severe exposure. My patient who taught me so much about the effects of trauma occasioned by early exposure to DV, for example, witnessed her father continue to beat her mother even after she had lost consciousness. The negative effects of DV are dose-dependent (Friedman, Resick, & Keane, 2007)—the higher the dose the more likely a child will develop trauma-related sequelae. The dose-dependent relationship between PTSD and severity and

persistence of exposure to a stressor entails one of the most “robust” epidemiological findings in the research (p. 7).

3. Persistent exposure to DV over time results in environmentally induced genetic expression with the brain. This neurobiological response process to the toxic stress of DV culminates in a proliferation of relevant receptors in the amygdala—the brain’s “fire alarm” (Van der Kolk, 2015). This receptor mediated sensitivity then leads to increased automatic threat perception, which in turn leads to the release of more stress hormones throughout the body (Schoore, 1994, p. 382).

These three principles of early childhood development favor eliminating a child’s exposure to DV as early as possible and as much as possible.

## **DV IN THE HOME WHILE CHILDREN ARE PRESENT**

Sobering and surprising as it may be, research indicates that, conservatively speaking, 30% of all intimate relationships experience DV at some point (Spaccarelli, Sandler, and Roosa, 1994). Households with children under five experience heightened levels of

DV (Fantuzzo & Fusco, 2007), probably due to the fact that young children present particular challenges for all parents. Combined, these statistics do not bode well for many of our preschoolers who have scant mitigating or protective factors, relative to an abusive parent.

In court, judges and lawyers frequently hear that, even if the children were in the home during violent episodes, they *were asleep* or *didn't hear anything*. However, according to Fantuzzo & Fusco (2007) who studied findings of police officers responding to DV calls for over a year in a medium-sized municipality, 81% of children were “directly exposed” to DV; for younger children “under the age of 6” the percentage was even higher. Perhaps more alarming, conservative research indicates that co-occurring physical abuse of the children is also present in at least 40% of all cases where DV is present (Appel & Holden, 1998).

## **THE PATH TO PSYCHOPATHY**

Accumulating research associates the path to psychopathic *interpersonal features* with early childhood witnessing of DV (Dargis & Koenigs, 2017). Having interviewed a number of individuals diagnosed

as psychopathic, Hare (1993) described their interpersonal features as “glib and superficial, egocentric and grandiose, lack[ing] remorse or guilt, lack[ing] empathy, deceitful and manipulative, [and having] shallow emotions.” Hare quotes from an interview with a man incarcerated for kidnapping, rape, and extortion to illustrate:

Do I care about other people? That's a tough one. But, yeah, I guess I really do ... but I don't let my feelings get in the way.... I mean, I'm as warm and caring as the next guy, but let's face it, everyone's trying to screw you.... You've got to look out for yourself, park your feelings. Say you need something, or someone messes with you ... maybe tries to rip you off ... you take care of it ... do whatever needs to be done.... Do I feel bad if I have to hurt someone? Yeah, sometimes. But mostly it's like ... uh ... [laughs] ... how did you feel the last time you squashed a bug? (p. 33)

The path to becoming a psychopath begins with family hostility. There, the future societal threat learns by example that he (mostly) or she does not have to play by the same rules as the rest of us. There, in the mix of family hostility, thinking and feelings are warped. This thinking and feeling flows from a sensitized threat

detection system in the brain in response to early and ongoing threats and stress (Lyons-Ruth, Pechtel, Yoon, Anderson, & Teicher, 2016).

Hare's (1993) book, *Without Conscience: The Disturbing World of Psychopaths Among Us*, opens with a quote from William March's (1954) *The Bad Seed* to illustrate how perplexing such personalities can be to relatively normal personalities:

[G]ood people are rarely suspicious: they cannot imagine others doing the things they themselves are incapable of doing; usually they accept the undramatic solution as the correct one, and let matters rest there. Then too, the normal are inclined to visualize the [psychopath] as one who's as monstrous in appearance as he is in mind, which is about as far from the truth as one could well get.... These monsters of real life usually looked and behaved in a more normal manner than their actually normal brothers and sisters; they presented a more convincing picture of virtue than virtue presented of itself just as the wax rosebud or the plastic peach seemed more perfect to the eye, more what the mind thought a rosebud or a peach should be, than the imperfect original from which it had been modeled.

Several other damaging but less dramatic untoward mental health developmental outcomes, including complex PTSD, are now associated in the research literature with young children witnessing domestic violence (Kitzmann, Gaylord, Holt, & Kenny, 2003).

Elsewhere, I outlined six adult outcomes that begin with preschool exposure to DV: 1. Impaired Affect and Impulse Control; 2. Impaired Attention and Consciousness Processes; 3. Impaired Self-Perception; 4. Impaired Ability to Engage in Healthy Positive Relationships with Others; 5. Rampant Somatization (Including Fibromyalgia, GERD, Persistent Pain Disorder); and, 6. Impaired Ability to Engage Systems of Meaning in Life (Husen, 2016). These six underlying developmental deviations from normal adult developmental capacities make understandable the question of just how such persons' adult lives come to be so filled with distress and disability.

Van der Kolk, Herman, and Perry made efforts to educate the committee for the publication of the DSM-IV-TR (2004) on childhood developmental trauma disorder (DTD), feeling this would result in better treatment for traumatized children, frequently labeled



as behavior problems and punished rather than helped. Traumatized children do act out—because trauma disrupts the normal operations of their physiological regulatory systems, resulting in pervasive and enduring cognitive, emotional, and behavioral deviations from the norm. A review of the mental health records of these traumatized children would reveal a plethora of diagnoses such as the one reproduced below for a school-aged child in foster care:

Developmental Trauma: The Great Imposter

Is this trauma-informed?

**DIAGNOSTIC IMPRESSIONS:**

<b>AXIS I:</b>	Oppositional Defiant Disorder; R/O Attention Deficit Hyperactivity Disorder, Combined Type; Mood Disorder NOS; R/O Bipolar Disorder; Post Traumatic Stress Disorder; Reactive Attachment Disorder – Disinhibited Type; Primary Enuresis, Nocturnal Type; Sexual Abuse of Child as Victim; Physical Abuse of Child as Victim
<b>AXIS II:</b>	Deferred
<b>AXIS III:</b>	Primary Enuresis
<b>AXIS IV:</b>	Severe
<b>AXIS V:</b>	40

Figure 2.39. Childhood Diagnostic Difficulties when Trauma Applies. Adapted from Perry, B. (2014, January 29). *The impact of trauma and neglect on young children*. McSilver Institute for Poverty, Policy and Research. Retrieved from <http://www.ctacny.com/the-impact-of-trauma-and-neglect-on-young-children-video.html>, 16:21.

In the context of a child getting ready to go to school at age 5, the most insidious impact DV has on preschool children relates to how exposure to DV constrains and shapes a child's perception of self. Such children become hypervigilant to cues of danger; this deprives them of the ability to engage in spontaneous, joyful play.

DV in the home robs the preschool child of natural childhood curiosity and learning. DV transforms normal noise, and occasional disarray or spontaneous play cannot exist for fear of triggering the perpetrator (Ford, 2009, pp. 31-32; Van der Kolk, 2003, p. 293).

A homologous<sup>9</sup> example stems from a study of juvenile rat pups at play. Panksepp (1998) described rat

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<sup>9</sup> A foundational premise informing scientific research on animals involves the well-accepted idea that the function and structure of behavior emerges from underlying neural and biological processes that "cross-species ... have been remarkably well conserved during the course of mammalian evolution" (Panksepp, 1998, p. 9). For example, the main difference of rat brains relative to ours involves a cortex evolved to their environmental needs, making them very good at relating to one another and finding their way in the dark. Panksepp (1998) eloquently described homology thus:

The human brain can generate many thoughts, ideas, and complex feelings that other animals are not capable of generating. Conversely, other animals have many special abilities that we do not have: Rats have a richer olfactory life, and eagles have keener eyes. Dolphins may have thoughts that we can barely fathom. But the vast

pups raucously playing in a large pen created for experiments. He noted they loved to wrestle and take turns pinning one another in their play. However, when a small “tuft of cat hair” or hair of other known predators of rats was thrown into the playroom, all the previous pinning and wrestling immediately stopped and the pups became “furtive, cautious, and wary” (pp. 18-19). Fear and survival circuits of the lower brain structures kicked into gear; and curiosity, openness to experience, and their attending learning immediately receded. Panksepp and his team found that the hair of

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differences in cognitive abilities among species should not pose a major difficulty for the present analysis, for the focus here will be mainly on those ancient subcortical operating systems that are, to the best of our knowledge, homologous in all mammals. Although detailed differences in these systems exist across species, they are not sufficiently large to hinder our ability to discern general patterns (p. 4).

Homologous cross-species comparison is premised upon shared underlying genetic inheritance (as with the bat whose environment resulted in its forelimbs evolving into wings, whereas humans have arms). Analogs on the other hand involves cross-species comparisons that don't share a genetic inheritance but do share a functional comparison of parts such as the wings of bees and the wings of bats. Add to this the principle of exaptation which is a word to describe how it is that arms became wings in the course of evolution or how fish gills became human inner ear mechanisms (Panksepp, 1998, p. 17).

dogs (which are not an evolutionary enemy or predator of rats) had no such effect.

These findings are significant relative to preschool children exposed to DV. Like Panksepp's rat pups, children living with a violent parent habitually become "furtive, cautious, and wary," such a fear-based mode of existence having become necessary for survival.

This environment has a high potential for deforming normative development in all six domains mentioned above, including one's sense of self and others, and even one's ability to make meaning of his or her life.

### **IMPACT OF DV ON A PRESCHOOLER'S MENTAL WELLBEING**

Domestic violence distorts a child's internal representations of self and others. This developmental outcome and process can result in personality disorders. These internal representations of self and others go beyond mere imitation of models, as with Bandura's *Bobo the Clown* experiments, where children

learned by example to engage in patterns of violence (Bandura, Ross & Ross, 1961).

Millon (2012) wrote “when strife and marked controversy prevail, they shatter the stability of life so necessary for the acquisition of a consistent pattern of behaving and thinking” (p. 2). These children develop extremely maladaptive relational models born of survival terror<sup>10</sup> in childhood; they carry these relational models with them into adulthood.

DV undermines every one of Erikson’s (1987) early psychosocial stages. By age 5 when the child goes to school, he or she has developed a basic mistrust in the reliability and goodwill of adults, leading to a basic pessimism about the future, a lack of personal responsibility, and excessive self-doubt. These negative outcomes are born of a failure of causative consistency between personal conduct, rewards, and punishments, and lead quite naturally to a lack of initiative.

Bronfenbrenner and Morris’ (2006) bio-ecological model of human development emphasizes how *proximal processes*, or “bi-directional, synergistic”

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<sup>10</sup> Survival terrors “manifest overtly or covertly as ‘I am going to die’, ‘I don’t exist’, ‘I am a failure as a human being’, ‘I am unlovable’.” (Schwarz, Corrigan, Hull, & Raju, Kindle Location: 1814-1815).

interactions drive human development (p. 798). These interactions are always reciprocal (good or bad)—that is, in a home fraught with violence, the young child's temperament will engage that environment (the extroverted child's engagement will differ from the introverted child's involvement). These engagements shape the child's personality—and all the components of personality<sup>11</sup>.

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<sup>11</sup> Millon (2011) operationalized key functional and structural components of personality in his personality assessment, the MCMI-IV. The *Functional Domains* include various “expressive modes of regulatory action” such as: 1. Emotional expression; 2. Interpersonal conduct; 3. Cognitive style; and, 4. Intrapsychic dynamics. Whereas, the *Structural Domains* “represent a deeply embedded and relatively enduring template of imprinted memories, attitudes, needs, fears, conflicts, and so on, that guide experience and transform the nature of ongoing life events. Psychic structures have an orienting and preemptive effect in that they alter the character of action and the impact of subsequent experiences in line with preformed inclinations and expectancies....” (Millon, 2011, p. 279). These include: 1. Self-image; 2. Intrapsychic content; 3. Intrapsychic architecture; and, 4. Mood / Temperament. The Millon Clinical Multiaxial Inventory-IV (MCMI-IV) and its predecessors enables a clinician or researcher to quickly tap into these structural and functional developmental outcomes while assessing a patient or participant's personality (Millon, Grossman & Millon, 2015). Perry (2006, 2014) and Mayer (2006) have related treatment to functions and structures of brain development; however, as far as I know, Millon, Grossman and Millon's (2015) MCMI-IV is the only available personality test that taps into such a wide range of relevant developmental data after scoring a 30-minute test.

It is interesting to note that we begin life at our most helpless and dependent and, at the same time, most receptive to learning. What we learn in the first three years of life lays down foundations for the “realization of [our] human potential[s];” and when conditions of optimal evolutionary adaptedness (Bowlby, 1982) are lacking, “such potentials will remain unactualized” (Bronfenbrenner & Ceci, 1993, 1994a, 1994b; Bronfenbrenner & Morris, 2006, p. 1977).

A child’s genetic and temperamental vulnerabilities interact with the inhospitable environment of a home afflicted by domestic violence. As might be expected, this interaction produces developmental difficulties for the growing child—which prove adaptive for survival in the violent home, but maladaptive and dysfunctional outside the home.

## **LEARNED HELPLESSNESS**

A belief and basic trust in one’s parents or caregivers provides a growing infant and young child with a foundation. A secure child develops in the context of an attuned parent with the mental space to meet the child on her own terms with *unconditional*

*positive regard* without imposing *conditions of worth* (Rogers, 1961, p. 283).

In such an environment children learn by experiences of trial and error; personal effort/responsibility and the loving assistance/scaffolding of caregivers (Vygotsky, 1978, p. 86) enhance and increase intelligence and ability. Such environments welcome and encourage exploration, risk-taking, and learning—where failure provides constructive feedback rather than fear and frustration.

A fear-based environment in which children live with DV hijacks learning and exploration in favor of survival, and leads to learned helplessness. DV in the homes of preschoolers leads to the development of a motivational network that runs to extremes on the evolutionary polarities of pain/pleasure, self/other, active/passive, and capacity for abstraction (Millon, 2011).

Children in these environments may cope by shutting down and staying under the radar, aggressively acting out, or turning to “compulsive caregiving” (Bowlby, 1980, p. 206). The roots of adult psychopathology can be seen in each of these common pathways of coping for preschool children.



Children of violence occupy themselves with avoiding pain to preserve life rather than with life-enhancing learning pleasures. They develop insecure and disorganized attachment systems where stress, frustration, and anger abound in lieu of relational cooperation and intimacy. Their lives are rooted in fear and limbic impulse rather than love and cortically mediated goals and learning (Bandura, 1977; Bowlby, 1982; Frangou, 2014; Freud, 1915; Millon, Grossman, & Millon, 2015; and, Piaget, 1952).

In response to potential or actual failure, for such children the issue of learned helplessness becomes particularly salient. A child who has not had the opportunity to experience a causal link between exploration, learning, and the enhancement of one's abilities and intelligence sees failure—and even the possibility of failure—as something to be avoided. If avoidance doesn't work, then failure will be seen as proof of personal inadequacy.

A variant of learned helplessness is handicapping, “placing obstacles in the way of one's performance on tasks so as to furnish oneself with an external attribution when future outcomes are uncertain” (Leary & Shepperd, 1986). That is, in the

anticipation of a possible failure or a poor performance of some sort, people may either claim to have some limitation or actually produce a limitation “that provides an explanation in the event that they perform poorly” (Pettit & Joiner, 2006, p. 86).

When it comes to learned helplessness, self-handicapping allows the growing child to maintain the façade of self-efficacy by attributing failure to situational factors at the expense of personal responsibility, autonomy, and dispositional learning.

Carol Dweck has written extensively on the impact of learned helplessness on learning in children. Her research indicates that learned helplessness essentially results in a fixed mindset rather than a growth mindset in children of all ages (Burhans & Dweck, 1995; Diener & Dweck, 1980; Dweck, 1975, 1986, 1999, 2006; Balckwell, Trzesniewski, & Dweck, 2007). For such persons, even success is met with a fear of non-replication.

In her most recent book, Dweck (2006) outlined *the danger of praise and positive labels*. When we praise children for being so talented or smart or other fixed entity traits, we do them a disservice (Dweck, 2006), feeding the false notion that ability, itself, is a fixed trait,

where effort and help from others bear no causal connection. By contrast, children who understand that effort and cooperation with others improves and increases ability see successful outcomes as replicable and failure as feedback, leading to learning, growth, and eventual success.

### **ATTACHMENT TO THE PERPETRATOR**

In all homes where domestic violence resides, insecure and disorganized attachments prevail. A pervasive survival mechanism in such home involves preschoolers' blame of themselves as the source of the DV or abuse. This provides them with a superstitious sense of control over the uncontrollable: "The violence in my home happens because I have been bad. I just need to be good and the violence will stop."

Trauma specialists call this well-documented psychological dynamic in preschoolers from abusive homes (Bogat, Levendosky, von Eye, & Davidson, 2011) "being attached to the perpetrator," and consider the resolution of conflict around such attachment a common target of treatment (Ross, 2011).

Exposure to domestic violence poisons a child's imagination and mental representational system. In a case study of DV, I documented how exposure to DV as a child had clearly undermined my client's adaptive capacity. Children who grow up with DV demonstrate serious handicaps in every significant capacity required to live a productive, happy adult life (Husen, 2016).

Beginning at about age 2 through about age 7, a child's ability to generate mental representations facilitates pretend play, an important aspect of the mental and social life of *preoperational* children. Research indicates that the quality and content of such mental representations are associated with a child's ability to regulate emotion, use words to resolve conflict, form and maintain friendships, make and follow through with plans, and help and care about others (Dunn & Hughes, 2001).

Children and adults who are *traumatically bonded* to the abuser (Dutton and Painter, 1993) usually require the help of a dedicated, licensed therapist specifically trained to treat trauma survivors.

## **COERCIVE CONTROL**

Hostility breeds hostility, and parenting characterized by frequent resort to shouting and violence is the perfect hothouse for boys predisposed to resort to coercive control to get what they want.

Ormord (2012) wrote that punishment negatively reinforces the parent or teacher using it, because punishment usually results in immediate results (p. 88). According to Thorndike (1935) this reinforcing quality of punishment results in more of the same. Unfortunately, in the context of the home this often means the parent resorts more and more to yelling at children, resulting in escalating coercive patterns of interactions leading to seriously negative personality outcomes.

Research has demonstrated that, beginning in preschool, this pattern of behavior grows into oppositional defiant disorder, conduct disorder and, in a worst-case scenario, adult antisocial personality disorder (Eddy, Leve & Fagot, 2001).

The preschool child persists in some demand with increasing shouting and, even, physicality until the parent gives in and allows the child what he/she

wanted. The child is thereby positively reinforced (Thorndike, 1931)<sup>12</sup> and a pattern of coercive control is established which is then generalized to teacher-child interactions, peer-peer interactions, and increasingly critical negative incidents which eventually reach the level of law enforcement and corrections (Eddy, Leve, & Fagot, 2001).

Patterson (1986) described the surprise he and his team of researchers experienced when they isolated the lack of parenting skills as the key moderating variable in the development of coercive control as a primary relationship behavior in growing children:

Perhaps it is curious that a process with such myriad effects and outcomes can be initiated by something as ordinary as the level of the parents' family-management skills. That, however, is what the general model prompting these studies indicates. Findings from our clinical and the modeling studies also suggest that anger, rejection, poor self-esteem, and perhaps some forms of depression may have their beginnings in the prosaic daily round of parental mismanagement. What is being mismanaged is something as inherently banal as family coercive exchanges. What leads to things getting out of

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<sup>12</sup> Thorndike's (1931) law of effect involves one of the most fundamental rules of operant conditions: "connections grow stronger if they issue in satisfying states of affairs" (p. 101).

hand may be a relatively simple affair, whereas the process itself, once initiated, may be the stuff of which novels are made" (p. 442).

This group of children and parents urgently need a program that meets their needs to course-correct established, inexplicable negative patterns of interaction before it is too late. I hope to develop an advanced parenting/co-parenting program for high conflict families, incorporating Patterson's research on coercive control, and to make it available to Riverside and San Bernardino Courts and parents by the Fall of 2018.

### **EFFECTS OF DV ON THE SCHOOL-AGED CHILD**

Research indicates that, if a hundred children aged 5 to 12 were exposed to DV on either a severe level or a moderate but continuous level over a period of 20 years, fully 40% will develop externalizing behavioral problems, 29% will develop internalizing behavioral problems, and 31% will develop no problems at all. (Grych, Jouriles, Swank, McDonald, and Norwood, 2000). Thus, 69% of children aged 5 to 12 exposed to DV will develop some level of either clinically significant

internalizing behavioral problems (i.e., depression, anxiety, OCD, etc.) or externalizing behavioral problems (ODD, CD, school fights, delinquency, etc.).

However, DV is not the only problem school-age children face. Hours of media portrayals of violence equated to manhood and other violent video content also contribute to developmental derailment, especially among boys.

### **MEDIA PORTRAITS OF BOYS TO MEN**

In a powerful documentary currently available on Netflix, *The Mask You Live In* (The Representation Project, 2005), the producers make a powerful case that our culture places unprecedented pressure upon boys to be tough, hard, emotionally cut off, and violent. Any emotional vulnerability or need equates with femininity or homosexuality, both of which are strongly condemned or ridiculed in the media and, consequently, among school-aged boys, in general.

We teach our boys through the media that deep friendships are inconsistent with manhood, as are displays of emotion which demonstrate weakness and



shame. And boys today grow up to be men with closed off emotions.

A steady diet of media-fueled violence makes it hard for the growing child to distinguish between the *fantasy* of man-on-man and man-on-woman violence—available as entertainment 24/7—and the *reality* of a society which criminally punishes the perpetrators of such physical violence.

*The Mask You Live In* (The Representation Project, 2005) hypothesized that boys and men use drugs and alcohol instrumentally because only when under the influence are they allowed to express tender feelings toward one another. Only when “the worse for substances” may they legitimately hug and physically comfort one another without fear of ridicule, of being shunned under the label of “gay.”

In addition to the hours of TV and movie-fueled violence, spending hours on end with violent video games at school age clearly increases aggressive tendencies, increases aggressive thoughts and behavior, decreases empathy, and desensitizes children to violence (Calvert et al., 2017). Such deviations in social cognitive capacity prepares these children more for

prison life than it does for participating in a position of responsibility and trust in society.

Moreover, the *catharsis hypothesis* of aggression—that working one’s aggressions out would decrease violence—has not been supported by the scientific literature (Anderson et al., 2010; Geen, Stonner, & Shope, 1975).

## **PEER RELATIONS, SELF-IMAGE, AND VERBAL ABUSE**

Many of us grew up with contradictory notions about the power of words. In my upbringing most children learned “the pen is mightier than the sword” (Thomas Jefferson) but, contradictorily, that “sticks and stones can break our bones but names will never hurt us” (Anonymous American Folklore).

New and converging research debunks the idea that words can never hurt us. Verbal aggression has been defined as *active, passive, verbal and nonverbal* “nasty remarks” (active verbal); “slamming a door or smashing something” (active nonverbal); or giving someone the silent treatment (passive nonverbal). Other forms of verbal aggression involve name-calling and deprecation (Visser, Straus, Gelles, & Harrop 1991).

The more verbal aggression parents hurl toward their children, the greater the likelihood those children will experience psychosocial problems—i.e., the child victim becomes aggressive in relationships which, in turn, leads to delinquency and an inability to sustain nurturing friendships (Visser, Straus, Gelles, & Harrop, 1991).

Victims of verbal aggression or abuse experience being the target of another's cursing, mocking, insults, gossip involving false rumors, ostracizing, or exclusion (Attar-Schwartz, Shalhevet, & Khoury-Kassabri, 2015; (Kochar, Ittyerah, & Babu, 2015)<sup>13</sup>.

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<sup>13</sup> The Verbal Abuse Questionnaire analyzes the presence of verbal conduct in relationships including the following: 1. "You are no good." "There is nothing good about you." "You are a complete loser." 2. **"Go and study now, don't waste your time."** 3. "You can never do anything right, you can never handle things properly." 4. **"You must do things on time."** 5. "Your brother/sister is much better (looking) than you." 6. "If you die today, I will have no regrets." 7. "You are an empty headed child, nothing goes inside your head." 8. "One day you would be the reason for my/our death." 9. "You are a complete duffer, you will never clear your exams." 10. "You are the sole cause of all the problems that we have had till date." 11. "You have always embarrassed us, we are so ashamed to call you our child." 12. **"If you sleep early, you will wake up early and you can study better."** 13. "If you don't do this now, I will break every bone in your body and throw you out." 14. "Nobody should ever talk to you." 15. "You should be ashamed of yourself." 16. "You are a totally spoilt child." 17. "You are so worthless, that you are rejected everywhere." 18. "If you do not pass this time (not get good marks), we will put you in a government school or a hostel." 19. **"It's good to have healthy**

A young child exposed to a steady barrage of verbal abuse develops an insecure or even disorganized model of self and others in relationship, which acts as a template for future, adult relationships. The result is that such children attempt to engage others with what they know—hostility, aggression, or lack of reciprocity, in turn drawing negative results among peers (Toth & Chicchetti, 1996). The negative results include further peer verbal abuse in middle school (ages 11-14), a sensitive period when social cognitive brain structure is particularly plastic and malleable. Exposed to peer verbal abuse, early adolescent children develop neurophysiologically mediated propensities for anxiety, depression, dissociation, and limbic irritability (Ohashi, Anderson, Bolger, Khan, McGreenery & Teicher, 2017; Teicher, Samson, Sheu, Polcari & McGreenery, 2010).

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**food.**” 20. “We will force you to leave your studies and make you sit at home.” 21. “Just because of you our lives have become miserable/pitiable.” 22. “Nobody can ever trust you.” “You are not at all trustable.” 23. **“You should not talk while eating.”** 24. “You are such a fat, ugly, disfigured child.” 25. “You can do nothing in/of (your) life.” Note. Rating: 0 = not at all, 1 = sometimes (once in a while), 2 = often (several times), 3 = frequent (most of the time). The statements in bold are neutral statements. (Kochar, Ittyerah, & Babu, 2015)

## ADOLESCENCE AND DV

Beginning with puberty (usually 11-12 for girls and 12-13 for boys), adolescence ideally ends with “a stable personal commitment to an adult role”—i.e., civic/societal participation and assumption of adult responsibility (Damon, 2004, p. viii). The timing of this *stable personal commitment to an adult role* marking the beginning of young adulthood has changed in the past 30 years.

Psychologists now recognize a new stage in the human lifespan called *emerging adulthood*, running roughly from age 18 to 26 (Aquilino, 2006; Arnett, 2000; Lindell, Campione-Barr, & Killoren, 2017). Erikson (1968) pointed out that we grant our young people a “psychosocial moratorium during which the young adult, through free role experimentation, may find a niche in some section of his society, a niche which is firmly defined and yet seems to be uniquely made for him.”

This would be the optimal developmental outcome of the adolescent/emerging adult before starting a family. However, the childhood and ongoing experience of DV undermines or derails the process to

the great distress of individuals, families and, ultimately, society itself.

## **THE OBSERVING EGO, METACOGNITION, AND SECURE ATTACHMENT**

Maturational processes of the mind and the brain enable us to think *about* our own thoughts. This reflective function becomes prominent around the age of 12 for most children. Piaget marked this stage of cognitive development as the beginning of *formal operations*, or adult-like cognitive capacity.

Akin to the paradigm shifts that took place when the child began to walk at about 12 months (in terms of a new perspective made possible by a new vantage point and advanced locomotion), the 12-year-old can now engage working memory, actively using imagination, abstractions, and hypotheticals, and conducting counterfactual mental experiments.

The two periods of acute genetic sensitivity to experience each result in an exuberance of learning. This learning produces an overabundance of neural connections. Neurons that wire together, fire together. Subsequent pruning of this efflorescence of dendritic

connections during these sensitive periods then take place on a *use it or lose* principle. These learning and pruning neural processes embody Piaget's 3 steps of experiential learning: *assimilation*, *accommodation*, and *adaptation*.

With the first, *assimilation*, new learning is brought into one's existing, primitive cognitive schema. For example, a three-year-old calls a cat a "doggy" because, at the time, her schema for furry pets with four legs only encompasses prior experience with doggies. This reflects an exuberance of learning—the synaptogenic connectivity of dendrites.

Later, the child is able to distinguish cats from dogs from hamsters and other pets because her schemas have differentiated with further experience, resulting in an *accommodation* to new learning. This accommodation of the child's schema to finer points of distinction entails an actual, underlying neurological pruning of neural connections.

Finally, the child develops an internal representation to embrace similarities and differences to the her prior schemas of all pets as doggies and her new learning about cats. This *adaptation* to new data

brings a new worldview and, thus, a greater capacity for creative thought.

Interestingly, it appears that both of these periods of intense sensitivity to new learning (3-5 and 11-13) precipitate an exponential capacity to think “in a new key” (Elkind, 1998, p. 25).

At each stage of intellectual development, young people are motivated to practice and use the abilities they have newly acquired. Parents who could not wait for their one-year-old to speak cannot wait for their three-year-old to be silent. Likewise, the five-year-old who is learning to count will ask repeatedly, ‘Do you want to hear me count to a thousand?’ And he or she will do so at the slightest invitation. Children find, or create, the opportunity to practice their new mental abilities. The same is true for adolescents” (Elkind, 1998, p. 37).

Beginning at about age six children can reason using Aristotelean syllogistic logic, such as 1. All men are mortal; 2. Socrates is a man; 3. Therefore, Socrates is mortal. This feature of Piaget’s concrete operations stage of cognitive development provides the foundation of American legal reasoning (MacCormick, 2005). However, beginning around age twelve, formal



operational thought emerges which enables children to think with nearly adult powers of abstraction and hypotheticals.

Many frustrated parents report that their teenagers seem to be “always” talking back and arguing with them. This is, largely, true. However, rather than disrespect, the back-talk and arguments reflect this new mental ability suddenly available for use.

With the advent and development of formal operational thought (ages 12-26) comes the ability of teens and young adults to think abstractly using hypotheses and secondary symbolism—the stuff of puns, metaphor, satire and, of course, algebra, calculus, trigonometry, and statistics (Elkind, 1998; Inhelder & Piaget, 1958).

This increased reasoning power in the growing adolescent gives rise to an observed spike in egocentrism/self-consciousness. Flavell (1963) tied egocentric orientations to the energy and focus required of a child during major developmental changes, including those initiated by the sex hormones:

In Piaget's theory, egocentrism is likely to increase whenever, as development proceeds, the child begins to cope with a new and untried field of cognitive action, i.e., whenever he enters

a new plane of cognitive functioning. This burst of egocentrism slowly subsides as the child progressively masters the new field, only to reassert itself when still another new domain is approached. The ebb and flow of egocentrism across ontogenetic development is, of course, an expression -- almost a simplified restatement -- of the general equilibration model which Piaget imputes to cognitive evolution, that is, development as a series of successive disequilibrium → equilibrium sub-developments. (Flavell, 1963, p. 224)

Adolescent egocentrism, at least in America, takes on unique features which Elkind (1998) called the *imaginary audience* and the *personal fable* (pp. 42-54). With the *imaginary audience* young teens (13-14) tend to think that everyone is watching them, which can result in extreme self-consciousness and social phobia. Parents can help by taking a moderating approach to their teens' problems.

For example, perceiving a small blemish on her cheek the child says, "Ugh, I am so ugly." Rather than agreeing with her or trying to refute her assertion, the parent would be wiser to reply, "You look fine to me, but that's *my* opinion. Has anyone else told you how they perceive your appearance?" Elkind (1998) points out that such a response helps the growing adolescent

to navigate the self-other polarities of existence, and to find and establish optimal interpersonal boundaries (p. 43).

The *personal fable* involved a deep-seated feeling of “speciality and invulnerability” (Elkind, 1998, p. 44). As with the *imaginary audience*, the *personal fable* and its risk-taking behavioral correlates spike in their impact upon the teen at around age 13-15, eventually mellowing in intensity and becoming more realistic as the adolescent gets older (ibid).

The seemingly crazy clothes and piercings and tattoos and hairdos all relate to both the imaginary audience and the personal fable, and both involve adolescent experiments in what will eventually become an adult identity. The teenager is differentiating him or herself from parents and peers while, simultaneously, integrating aspects of his or her world into a sense of self at this time in life.

The personal fable can exaggerate negative experience where the teen truly feels “nobody has ever felt such shame or depression or anger as I do right now.” Rather than argue about what the child feels, Elkind (1998) advises parents to share they own stories

of the imaginary audience and personal fable, facilitating and nurturing intersubjective empathy.

Positive outcomes during adolescence and emerging adulthood are predicated upon empathic metacognitive awareness. Metacognition, itself, involves self-aware monitoring of one's own thought processes, feelings, emotions, intentions, and intersubjective context. First appearing at about age 4, this capacity is a key process of secure attachment—which, from my research, appears to be the common denominator of such qualities as emotional intelligence, self-control/discipline, self-efficacy, and resilience (Hesse, 2008).

Obviously, parents who are actively involved and emotionally supportive are incalculably helpful during their children's transitioning into young adulthood, and establishing their own careers and family. Equally obvious, and backed by sound research, is that DV derails the formation of a positive adult identity (Idemudia & Makhubela, 2011).

## **SOCIALIZATION, COMPETENCE, AND PARENTING STYLE**

Diana Baumrind (2013) defined socialization as “an adult-initiated process by which children and youth, through education, training, and imitation, acquire their culture and the values, skills, knowledge, and habits necessary to function effectively in that culture” (p. 21).

Research conducted over the past 50+ years by Baumrind and her colleagues revealed four basic parenting styles strongly associated with differential adolescent outcomes in socialization and competence (Baumrind, 1967, 1971, 1991; Baumrind & Black, 1967; Maccoby, 1992). Baumrind (1991) tracked the impact of parenting on development of 139 children in the Bay Area/Berkeley University, reporting results at ages 4, 10, and 15. Early on her results proved “iconoclastic,” contradicting a generally held belief at the time that permissive parenting produced the best results.

By contrast, Baumrind’s work demonstrated that two *orthogonal* styles of parenting (emotional warmth of the parent toward the child, and age appropriate control over the child) impact a child’s development.

Operating independently, both emotional warmth and supervisory control are necessary, without trade offs.

The following illustration depicts the four parenting styles identified in Baumrind's research:



(graphic from <https://sustainingcommunity.files.wordpress.com/2015/02/parenting-style-v-21.jpg?w=640&h=535>)

Parents who are demanding of competence but warm and responsive to the child provide an optimal environment for development on every measure of

competence and communality (Baumrind 1991; Maccoby 1992). In homes where domestic violence is present, such concepts as parental demandingness and responsivity take on unhealthy and psychosocially toxic proportions.

Moreover, behaviors modeled and experienced in the family generalize, replicate, and repeat themselves as the child matures and interacts with structures of societal authority (Bronfenbrenner, 2006). In general, the studies indicate that, among the children of DV households, boys become abusers and girls become victims of DV when they start their own families unless the dysfunctional and dangerous pattern is intentionally confronted and changed.

However, when children are cared about and given structure and guidance from any stronger and wiser adult in their lives, the risks of maladjustment diminish. One of the most heartwarming dynamics that I've seen over the years has to do with how adults in the child's world outside his or her abusive family often provide for the child a model of what he or she wants to be, and can be.

## **COACHES & MENTORS**

In the absence of healthy family relationships, teachers, coaches, and even lawyers and judges can and do step into a child's world, offering positive and functional models of healthy relationships. Through such outside-the-family persons, children from traumatic and frightening home environments find a safe haven and secure base from which to establish secure working models of attachment. Even if such children never receive formal psychotherapy, they find in these relationships the beacon to guide them into a positive path.



# CONCLUSION

Our evolutionary survival as a species lies in our ability to cooperate and build sustainable ecologies for ourselves and our children. Our ability to adapt to changing environments and to deal with potential survival threats such as war, disease, and limited resources fundamentally rests upon principles of attachment and our relative ability to trust and rely upon one another.

Our early and ongoing attachment experiences particularly impact our beliefs about self, others, and the world. Those beliefs are born of childhood experiences which dictate the shapes and give content to our internal mental representations and working models of self and others.

Consider the mind of a wide-eyed, frightened one-year-old who can speak only a few words, and barely holds himself up by grabbing a coffee table on wobbling little legs. Consider how, given his limited life experience, one instance of parental violence in the home might impact this baby's developing mind.

Now consider the impact upon this child's developing mind of witnessing that violence hundreds

or thousands of times, creating the internal representations that will act as a template and guide the formation of that child's subsequent relationships throughout life.

Clearly, Domestic Violence is a developmental outcome sculpted by childhood attachment experiences embodying behavior sequences initiated reflexively with the activation of underlying neural and endocrinological patterns.

Thus, the road to ending the cycle of Domestic Violence begins with prevention, through healthy parenting/mentoring education and applied practices; and intensive, customized recovery programs for batterers involving re-programming and replacing early dysfunctional mental representations of self and others through functional therapeutic experiences, especially corrective attachment experiences and the development of trust.

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